

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: St. Mary's Hospital

Date: 2024-04-22 01:55

Anesthésiste / Anesthetist: Dr. Kevin Zhang

Chirurgien / Surgeon: Dr. Ahmed Khan

Assistant(s): Dr. resident Ethan Wright

Diagnostic préopératoire / Pre-operative diagnosis:

LOCALIZED PERITONITIS SECONDARY TO APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH EXTENSIVE ADHESIONS.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendicolith

Anesthésie / Anesthesia: General anesthesia and epidural block

Historique et constatations opératoires / History and operative findings:

3-year-old female with several hours abdominal pain, markedly elevated WBC, elevated CRP, low-grade fever. Imaging: ultrasound suggestive of appendicitis. no prior abdominal surgery. Recent travel history may be relevant.

Procédure(s) opératoire(s) / Operative procedure(s):

Patient in supine position. General anesthesia with nitrous oxide administered. Time-out was performed and abdomen prepped in sterile fashion. A vertical infraumbilical incision is made and carried down to the fascia which is incised sharply. Two working ports are established in the right and left lower quadrants. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, moderate adhesions noted. The surgical field demonstrated perforated appendix with minimal surrounding inflammation. Purulent fluid was noted throughout the abdominal cavity. Severe adhesions required careful lysis. No technical difficulties encountered during surgery. The appendix is mobilized using a combination of sharp and blunt dissection. The appendiceal artery is ligated and divided. We secure the appendiceal base with two Endoloops and transect between them. Specimen placed in EndoCatch bag for removal. Abdominal lavage performed until clear. We close the fascia at the umbilical port with figure-of-eight sutures of PDS 3-0 and the skin with interrupted silk 4-0. No mesenteric ischemia.

Repeat CBC and CRP postoperatively. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-Y2NELP-10918