

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU Sainte-Justine

Date: 2024-05-09 01:32

Anesthésiste / Anesthetist: Dr. Julia Miller

Chirurgien / Surgeon: Dr. Olivia Davis

Assistant(s): Dr. resident Carlos Mendez

Diagnostic préopératoire / Pre-operative diagnosis:

PHLEGMONOUS APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

PHLEGMONOUS APPENDICITIS.

Opération / Operation:

APPENDECTOMY WITH LYSIS OF ADHESIONS.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix

Anesthésie / Anesthesia: General anesthesia with nitrous oxide

Historique et constatations opératoires / History and operative findings:

A 2-year-old non-binary who presented with abdominal pain after trauma. Initially evaluated 2 days prior and diagnosed with Crohn's disease. Now has elevated WBC, elevated CRP, high fever. Imaging: CT scan confirming appendicitis. Past medical history is otherwise unremarkable.

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

Patient in supine position. General anesthesia with mask induction administered. Time-out was performed and abdomen prepped in sterile fashion. Incision is made in left lower quadrant for open conversion. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. Intraoperative examination revealed suppurative appendix. There was a contained abscess in the right lower quadrant. No abnormal adhesions found. The surrounding tissues showed fluctuating reaction. Patient tolerated procedure well. Surrounding omentum and bowel are separated from the inflammatory mass. Mesenteric vessels to the appendix are secured prior to removal. Endoscopic stapling is used for appendiceal division. Specimen placed in EndoCatch bag for removal. Copious irrigation is undertaken to ensure removal of all inflammatory debris. We close the fascia at the umbilical port with figure-of-eight sutures of Ethibond 2-0 and the skin with subcuticular Vicryl 4-0.

IV fluids and pain management as per protocol. No evidence of peritoneal carcinomatosis. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-XYERXR-10501