PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Charles-LeMoyne Date: 2025-01-27 18:54

Anesthésiste / Anesthetist: Dr. Julia Miller
Chirurgien / Surgeon: Dr. Victor Chen
Assistant(s): Dr. resident Leo Morel

Diagnostic préopératoire / Pre-operative diagnosis:
APPENDICITIS WITH BOWEL OBSTRUCTION.
Diagnostic postopératoire / Post-operative diagnosis:
APPENDICITIS WITH PELVIC ABSCESS.

Opération / Operation:
OPEN APPENDECTOMY WITH PELVIC LAVAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and peri-appendiceal tissue
Anesthésie / Anesthesia: General anesthesia with caudal block

Historique et constatations opératoires / History and operative findings:

A 11-year-old male with one week history of abdominal pain with vomiting. Failed conservative management for pneumonia. Imaging: ultrasound showing perforated appendicitis. Past medical history is otherwise unremarkable.

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

Patient in supine position. General anesthesia with regional block administered. Time-out was performed and abdomen prepped in sterile fashion. A small infraumbilical incision is made and the abdominal cavity is entered under direct vision. Accessory port placed in epigastric region. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, moderate adhesions noted. The appendix was friable with marked inflammation. There was a contained abscess in the right lower quadrant. No significant adhesions. We proceed with careful dissection of the appendiceal attachments. The mesoappendix is dissected and the appendiceal artery is controlled with electrocautery. The base of the appendix is healthy and we place three EndoLoops - two proximal and one distal - before transecting the appendix. Specimen placed in EndoCatch bag for removal. Saline is used for thorough irrigation of all quadrants. Fascial closure is performed at the umbilical site using Vicryl 3-0. The skin is closed with subcuticular Monocryl 4-0. No bowel injury noted.

Patient to receive postoperative IV antibiotics with monitoring for return of bowel function. The patient tolerated the procedure well with minimal blood loss.