

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: MCH

Date: 2024-12-10 19:12

Anesthésiste / Anesthetist: Dr. Michael Brown

Chirurgien / Surgeon: Dr. Aisha Patel

Assistant(s): Dr. resident Anna Kim

Diagnostic préopératoire / Pre-operative diagnosis:

RUPTURED APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

RUPTURED APPENDICITIS.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY WITH IRRIGATION AND DRAINAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and inflamed tissue

Anesthésie / Anesthesia: General endotracheal anesthesia

Historique et constatations opératoires / History and operative findings:

A 6-year-old female who presented with abdominal pain with vomiting. Initially evaluated 2 days prior and diagnosed with constipation. Now has markedly elevated WBC, elevated CRP, no 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. A small infraumbilical incision is made and the abdominal cavity is entered under direct vision. We place two additional trocars, one in the suprapubic region and one in the left lower quadrant, both under direct vision. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, moderate adhesions noted. Findings include acutely inflamed appendix with diffuse inflammatory changes. There was a contained abscess in the right lower quadrant. The omentum was wrapped around the inflamed appendix. Patient tolerated procedure well. Blunt dissection is used to free the appendix from surrounding structures. We dissect the mesentery of the appendix and use the electrocautery to coagulate the artery. 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. Irrigation performed with antibiotic solution. Fascial closure is performed at the umbilical site using Maxon 2-0. The skin is closed with Dermabond.

Early ambulation and supportive care recommended. No evidence of peritoneal carcinomatosis. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-HFDPK5-13168