PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU Sainte-Justine Date: 2023-12-10 04:35

Anesthésiste / Anesthetist: Dr. Claire Dubois
Chirurgien / Surgeon: Dr. James Wilson
Assistant(s): Dr. resident Carlos Mendez

Diagnostic préopératoire / Pre-operative diagnosis:
APPENDICITIS MIMICKING OVARIAN PATHOLOGY.
Diagnostic postopératoire / Post-operative diagnosis:
PERFORATED APPENDICITIS WITH ABSCESS.

Opération / Operation:
APPENDECTOMY WITH REMOVAL OF APPENDICOLITH.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with surrounding lymph nodes
Anesthésie / Anesthesia: General anesthesia with local infiltration

Historique et constatations opératoires / History and operative findings:

3-year-old male with 3 days abdominal pain, normal WBC, high CRP, high fever. Imaging: MRI showing bowel wall thickening. recent antibiotic use.

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

Patient in supine position. General anesthesia with local infiltration administered. Time-out was performed and abdomen prepped in sterile fashion. We make an infraumbilical incision of 1 cm, dissect the subcutaneous tissue bluntly and penetrate the abdominal cavity via an open technique. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. Findings include phlegmonous appendix with severe inflammatory changes. Purulent fluid was noted throughout the abdominal cavity. No significant adhesions. Dissection is carried out to isolate the base of the appendix. The appendiceal mesentery is carefully taken down with harmonic scalpel. 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. Copious irrigation is undertaken to ensure removal of all inflammatory debris. All port sites closed with Steri-Strips.

We will continue current antibiotic regimen and begin enteral feeds when bowel function returns. No evidence of peritoneal carcinomatosis. The patient tolerated the procedure well with minimal blood loss.