

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Children's Hospital

Date: 2025-08-26 22:19

Anesthésiste / Anesthetist: Dr. Patricia Wong

Chirurgien / Surgeon: Dr. Isabelle Girard

Assistant(s): Dr. resident Chloe Nguyen

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 8-year-old non-binary with several hours history of abdominal pain with anorexia. Failed conservative management for renal colic. Imaging: CT scan revealing free fluid.

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. Direct trocar insertion after skin and fascia incision. Accessory port placed in epigastric region. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. The surgical field demonstrated acutely inflamed appendix with moderate surrounding inflammation. A small localized abscess was found and drained. Fibrinous adhesions were lysed during the procedure. No mesenteric ischemia. Appendix is isolated after adhesiolysis. The appendiceal mesentery is carefully taken down with harmonic scalpel. Absorbable ligatures are applied prior to amputation. Specimen placed in EndoCatch bag for removal. We irrigate the abdominal cavity copiously with warm saline until the effluent is clear. We close the fascia with Polysorb 2-0 in a interrupted fashion. Skin is approximated with interrupted silk 4-0.

Pain control with acetaminophen and morphine as needed. Incidental Meckel's diverticulum found and left in situ. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-1TR1BM-13342