PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Montreal Children's Date: 2025-08-21 19:01

Anesthésiste / Anesthetist: Dr. Rachel Stein
Chirurgien / Surgeon: Dr. Isabelle Girard
Assistant(s): Dr. resident Leo Morel

Diagnostic préopératoire / Pre-operative diagnosis:
RUPTURED APPENDICITIS.
Diagnostic postopératoire / Post-operative diagnosis:
APPENDICITIS WITH MESENTERIC LYMPHADENITIS.

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 who presented with abdominal pain and constipation. Initially evaluated 1 days prior and diagnosed with IBD. Now has normal WBC, normal CRP, high fever. Imaging: CT scan revealing free fluid.

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. We make an infraumbilical incision of 1 cm, dissect the subcutaneous tissue bluntly and penetrate the abdominal cavity via an open technique. Additional 5 mm trocars are placed in the right and left lower quadrants under laparoscopic guidance. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, minimal adhesions noted. Findings include phlegmonous appendix with patchy inflammatory changes. A moderate amount of purulent material was present in the pelvis. Mild adhesions between bowel loops observed. Blunt dissection is used to free the appendix from surrounding structures. The mesoappendix is divided using a bipolar energy device. We apply an endoscopic stapler to the base of the appendix and divide it. Specimen placed in EndoCatch bag for removal. Abdominal lavage performed until clear. The umbilical fascia is reapproximated with interrupted Vicryl 2-0 sutures. Skin incisions are closed with interrupted silk 4-0.

Early ambulation and supportive care recommended. Bladder and ureters visualized, no injury. The patient tolerated the procedure well with minimal blood loss.