PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Montreal Children's Date: 2023-10-20 17:55

Anesthésiste / Anesthetist: Dr. Rachel Stein
Chirurgien / Surgeon: Dr. Samuel Lee
Assistant(s): Dr. resident Marc Gagnon

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

Opération / Operation:
OPEN APPENDECTOMY WITH PELVIC LAVAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendicolith
Anesthésie / Anesthesia: General anesthesia and epidural block

Historique et constatations opératoires / History and operative findings:

Patient (1 years, non-binary) presented with abdominal pain with rebound tenderness, elevated WBC, high CRP. Imaging: ultrasound with non-visualized appendix and secondary signs.

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 vertical infraumbilical incision is made and carried down to the fascia which is incised sharply. Two working ports are established in the right and left lower quadrants. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. The surgical field demonstrated thick-walled appendix with diffuse surrounding inflammation. No pus or abscess formation found. Multiple bowel loops adherent to the mass. Patient tolerated procedure well. Dissection is carried out to isolate the base of the appendix. The appendiceal mesentery is carefully taken down with harmonic scalpel. We apply an endoscopic stapler to the base of the appendix and divide it. Specimen placed in EndoCatch bag for removal. Copious irrigation is undertaken to ensure removal of all inflammatory debris. The umbilical fascia is reapproximated with interrupted PDS 3-0 sutures. Skin incisions are closed with interrupted silk 4-0.

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