

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Jewish General Hospital

Date: 2024-11-02 21:22

Anesthésiste / Anesthetist: Dr. Michael Brown

Chirurgien / Surgeon: Dr. James Wilson

Assistant(s): Dr. resident Jake Turner

Diagnostic préopératoire / Pre-operative diagnosis:

LOCALIZED PERITONITIS SECONDARY TO APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

PERFORATED APPENDICITIS WITH ABSCESS.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY WITH DRAINAGE OF ABSCESS.

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

Anesthésie / Anesthesia: General anesthesia with caudal block

Historique et constatations opératoires / History and operative findings:

11-year-old male with 1 day abdominal pain, markedly elevated WBC, high CRP, high fever. Imaging: CT scan showing appendiceal abscess. recent travel.

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

Patient in supine position. General anesthesia with caudal block administered. Time-out was performed and abdomen prepped in sterile fashion. Incision is made in left lower quadrant for open conversion. Three trocars in total are used for laparoscopic access. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, moderate adhesions noted. The appendix was shrunken with mild inflammation. No abscess, but turbid fluid present. The omentum was wrapped around the inflamed appendix. No evidence of peritoneal carcinomatosis. We carefully dissect the inflammatory mass and identify the distended appendix. We dissect the mesentery of the appendix and use the electrocautery to coagulate the artery. Base of appendix secured with purse-string suture prior to removal. Specimen placed in EndoCatch bag for removal. Copious irrigation is undertaken to ensure removal of all inflammatory debris. We close the fascia with PDS 3-0 in a interrupted fashion. Skin is approximated with interrupted nylon 4-0.

Discharge home when tolerating oral intake and afebrile. Patient tolerated procedure well. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-OVXSHR-11384