

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Montreal Children's

Date: 2024-11-11 00:53

Anesthésiste / Anesthetist: Dr. Julia Miller

Chirurgien / Surgeon: Dr. Elena Rodriguez

Assistant(s): Dr. resident Maya Singh

Diagnostic préopératoire / Pre-operative diagnosis:

SUPPURATIVE APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH HEMORRHAGE.

Opération / Operation:

APPENDECTOMY WITH REMOVAL OF APPENDICOLITH.

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

Anesthésie / Anesthesia: General anesthesia with caudal block

Historique et constatations opératoires / History and operative findings:

Patient (9 years, female) presented with abdominal pain with distention, normal WBC, elevated CRP. Imaging: ultrasound reporting lymphadenopathy. Past medical history is otherwise unremarkable.

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

Patient in supine position. General anesthesia 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, significant adhesions noted. Intraoperative examination revealed thick-walled appendix. No pus or abscess formation found. Severe adhesions required careful lysis. The surrounding tissues showed mild reaction. Ovaries and uterus normal in female patients. Appendix is isolated after adhesiolysis. Mesenteric vessels to the appendix are secured prior to removal. Base of appendix secured with purse-string suture prior to removal. 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 at the umbilical port with figure-of-eight sutures of Vicryl 3-0 and the skin with subcuticular Monocryl 4-0.

We will continue current antibiotic regimen and begin enteral feeds when bowel function returns. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-JJC7B2-13986