PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Shriners Hospitals for Children Date: 2023-10-30 21:34

Anesthésiste / Anesthetist: Dr. John Evans
Chirurgien / Surgeon: Dr. Martin Levesque
Assistant(s): Dr. resident Marc Gagnon

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

Opération / Operation:
LAPAROSCOPIC CONVERTED TO OPEN APPENDECTOMY.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with attached omentum
Anesthésie / Anesthesia: General anesthesia with mask induction

Historique et constatations opératoires / History and operative findings:

7-year-old non-binary with 1 day abdominal pain, markedly elevated WBC, high CRP, high fever. Imaging: MRI demonstrating RLQ inflammation. family history of appendicitis. Past medical history is otherwise unremarkable.

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

Patient in supine position. General anesthesia with nitrous oxide 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. Accessory port placed in epigastric region. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. Intraoperative examination revealed acutely inflamed appendix. No pus or abscess formation found. Minimal adhesions were noted. The surrounding tissues showed fluctuating reaction. No unexpected findings. Meticulous dissection performed due to distorted anatomy. Mesenteric vessels to the appendix are secured prior to removal. The appendix is ligated at its base with two absorbable sutures and then amputated. Specimen placed in EndoCatch bag for removal. Saline is used for thorough irrigation of all quadrants. All port sites closed with subcuticular Vicryl 4-0.

Early ambulation and supportive care recommended. Small serosal tear repaired intraoperatively. The patient tolerated the procedure well with minimal blood loss.