

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Royal Victoria Hospital

Date: 2024-07-03 10:14

Anesthésiste / Anesthetist: Dr. Julia Miller

Chirurgien / Surgeon: Dr. Robert Tremblay

Assistant(s): Dr. resident Fatima Sheikh

Diagnostic préopératoire / Pre-operative diagnosis:

APPENDICITIS WITH ABSCESS.

Diagnostic postopératoire / Post-operative diagnosis:

GANGRENOUS APPENDICITIS.

Opération / Operation:

OPEN APPENDECTOMY WITH PELVIC LAVAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with surrounding lymph nodes

Anesthésie / Anesthesia: General endotracheal anesthesia

Historique et constatations opératoires / History and operative findings:

Patient (3 years, male) presented with abdominal pain with anorexia, markedly elevated WBC, normal CRP. Imaging: MRI showing bowel wall thickening.

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. A small infraumbilical incision is made and the abdominal cavity is entered under direct vision. Accessory port placed in epigastric region. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. Operative findings included perforated appendix and persistent inflammation. Multiple small abscesses were encountered. No significant adhesions. Minor bleeding controlled with cautery. We carefully dissect the inflammatory mass and identify the phlegmonous appendix. 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. Copious irrigation is undertaken to ensure removal of all inflammatory debris. All port sites closed with subcuticular Vicryl 4-0.

IV fluids and pain management as per protocol. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-BY2R9A-12815