

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Children's Hospital

Date: 2024-01-28 18:55

Anesthésiste / Anesthetist: Dr. John Evans

Chirurgien / Surgeon: Dr. Aisha Patel

Assistant(s): Dr. resident Lucas Martin

Diagnostic préopératoire / Pre-operative diagnosis:

APPENDICITIS WITH BOWEL OBSTRUCTION.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH MESENTERIC LYMPHADENITIS.

Opération / Operation:

OPEN APPENDECTOMY.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix

Anesthésie / Anesthesia: General anesthesia and epidural block

Historique et constatations opératoires / History and operative findings:

Pediatric patient (9, non-binary) presenting with acute onset abdominal pain with vomiting. History: recent travel. Imaging confirmed appendicitis.

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

Patient in supine position. Total intravenous 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. We place two additional trocars, one in the suprapubic region and one in the left lower quadrant, both under direct vision. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, minimal adhesions noted. The surgical field demonstrated shrunken appendix with fluctuating surrounding inflammation. There was a contained abscess in the right lower quadrant. Fibrinous adhesions were lysed during the procedure. Appendix is isolated after adhesiolysis. The appendiceal artery is ligated and divided. The appendix is ligated at its base with two absorbable sutures and then amputated. Specimen placed in EndoCatch bag for removal. Irrigation performed with antibiotic solution. Fascial closure is performed at the umbilical site using Maxon 2-0. The skin is closed with subcuticular Monocryl 4-0.

Postoperative imaging if fever persists. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-C6VU9L-11314