

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Royal Victoria Hospital

Date: 2023-11-05 18:48

Anesthésiste / Anesthetist: Dr. John Evans

Chirurgien / Surgeon: Dr. Aisha Patel

Assistant(s): Dr. resident Leo Morel

Diagnostic préopératoire / Pre-operative diagnosis:

LOCALIZED PERITONITIS SECONDARY TO APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

LOCALIZED PERITONITIS SECONDARY TO APPENDICITIS.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY WITH DRAINAGE OF ABSCESS.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with attached omentum

Anesthésie / Anesthesia: General anesthesia and epidural block

Historique et constatations opératoires / History and operative findings:

Patient (3 years, female) presented with abdominal pain with vomiting, normal WBC, normal CRP. Imaging: ultrasound suggestive of appendicitis.

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. Two working ports are established in the right and left lower quadrants. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, minimal adhesions noted. The surgical field demonstrated distended appendix with mild surrounding inflammation. There was a contained abscess in the right lower quadrant. Mild adhesions between bowel loops observed. We proceed with careful dissection of the appendiceal attachments. We dissect the mesentery of the appendix and use the electrocautery to coagulate the artery. We secure the appendiceal base with two Endoloops and transect between them. 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 interrupted nylon 4-0.

Pain control with acetaminophen and morphine as needed. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-B2WZ1K-12597