PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU Sainte-Justine Date: 2024-01-03 15:57

Anesthésiste / Anesthetist: Dr. Lisa Garcia
Chirurgien / Surgeon: Dr. Martin Levesque
Assistant(s): Dr. resident Sophia Lee

Diagnostic préopératoire / Pre-operative diagnosis:
APPENDICITIS WITH SEPSIS.
Diagnostic postopératoire / Post-operative diagnosis:
APPENDICITIS WITH EXTENSIVE ADHESIONS.

Opération / Operation:
APPENDECTOMY WITH REMOVAL OF APPENDICOLITH.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and mesoappendix
Anesthésie / Anesthesia: Total intravenous anesthesia

Historique et constatations opératoires / History and operative findings:

A 11-year-old non-binary with 3 days history of abdominal pain with fever. Failed conservative management for gastroesophageal reflux. Imaging: CT scan showing appendiceal abscess. Past medical history is otherwise unremarkable.

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. Three trocars in total are used for laparoscopic access. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. Appendix appeared phlegmonous, surrounded by extensive inflammatory reaction. A large pelvic abscess was present and evacuated. Multiple bowel loops adherent to the mass. No intraoperative complications occurred. We carefully dissect the inflammatory mass and identify the distended appendix. The appendiceal artery is ligated and divided. We secure the appendiceal base with two Endoloops and transect between them. Specimen placed in EndoCatch bag for removal. We irrigate the abdominal cavity copiously with warm saline until the effluent is clear. Umbilical port site is closed with PDS 2-0 and skin with subcuticular Monocryl 4-0.

Consult infectious disease if antibiotics need adjustment. The patient tolerated the procedure well with minimal blood loss.