PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU Sainte-Justine Date: 2024-10-05 06:18

Anesthésiste / Anesthetist: Dr. John Evans
Chirurgien / Surgeon: Dr. Daniel Fortin
Assistant(s): Dr. resident Maya Singh

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

Opération / Operation:
LAPAROSCOPIC APPENDECTOMY WITH DRAINAGE OF ABSCESS.

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

Historique et constatations opératoires / History and operative findings:

7-year-old female with 1 day abdominal pain, markedly elevated WBC, high CRP, no fever. Imaging: ultrasound showing appendicitis. recent antibiotic use.

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

Patient in supine position. General anesthesia and epidural block 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, moderate adhesions noted. The surgical field demonstrated necrotic appendix with persistent surrounding inflammation. No abscess, but turbid fluid present. Minimal adhesions were noted. No technical difficulties encountered during surgery. Dissection is carried out to isolate the base of the appendix. 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. Abdominal lavage performed until clear. The umbilical fascia is reapproximated with interrupted Maxon 2-0 sutures. Skin incisions are closed with subcuticular Monocryl 4-0. No need for drains postoperatively.

We will continue current antibiotic regimen and begin enteral feeds when bowel function returns. The patient tolerated the procedure well with minimal blood loss.