

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: St. Mary's Hospital

Date: 2024-07-14 04:10

Anesthésiste / Anesthetist: Dr. David Smith

Chirurgien / Surgeon: Dr. Daniel Fortin

Assistant(s): Dr. resident Fatima Sheikh

Diagnostic préopératoire / Pre-operative diagnosis:

LOCALIZED PERITONITIS SECONDARY TO APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH PERITONEAL CONTAMINATION.

Opération / Operation:

APPENDECTOMY WITH LYSIS OF ADHESIONS.

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

Anesthésie / Anesthesia: General anesthesia

Historique et constatations opératoires / History and operative findings:

A 11-year-old non-binary with 1 day history of abdominal pain with lethargy. Failed conservative management for Crohn's disease. Imaging: ultrasound showing appendicitis. Past medical history is otherwise unremarkable.

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 create a 1 cm infraumbilical incision and enter the abdomen using the Hasson 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 appendix was ruptured with persistent inflammation. A moderate amount of purulent material was present in the pelvis. Fibrinous adhesions were lysed during the procedure. Patient tolerated procedure well. Surrounding omentum and bowel are separated from the inflammatory mass. 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. The umbilical fascia is reapproximated with interrupted Vicryl 3-0 sutures. Skin incisions are closed with interrupted nylon 4-0.

The patient will be continued on IV antibiotics and advanced to diet as tolerated. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-26K7H6-13860