PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Montreal Children's Date: 2024-12-30 17:47

Anesthésiste / Anesthetist: Dr. John Evans
Chirurgien / Surgeon: Dr. Robert Tremblay
Assistant(s): Dr. resident Lucas Martin

Diagnostic préopératoire / Pre-operative diagnosis:
APPENDICITIS WITH ABSCESS.
Diagnostic postopératoire / Post-operative diagnosis:
PHLEGMONOUS APPENDICITIS.

Opération / Operation:
APPENDECTOMY WITH REMOVAL OF APPENDICOLITH.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendicolith
Anesthésie / Anesthesia: General anesthesia with local infiltration

Historique et constatations opératoires / History and operative findings:

16-year-old male with 2 days abdominal pain, markedly elevated WBC, normal CRP, high fever. Imaging: ultrasound reporting lymphadenopathy. previous similar episode.

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

Patient in supine position. General anesthesia with mask induction administered. Time-out was performed and abdomen prepped in sterile fashion. Incision is made in left lower quadrant for open conversion. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. Findings include gangrenous appendix with intense inflammatory changes. Purulent fluid was noted throughout the abdominal cavity. Mild adhesions between bowel loops observed. Blunt dissection is used to free the appendix from surrounding structures. The mesoappendix is dissected and the appendiceal artery is controlled with electrocautery. The appendix is ligated at its base with two absorbable sutures and then amputated. Specimen placed in EndoCatch bag for removal. We lavage the abdomen extensively, paying particular attention to the pelvis and right gutter. All port sites closed with Steri-Strips. No need for drains postoperatively.

Continue surgical care with antibiotic therapy and diet advancement as tolerated. Bladder and ureters visualized, no injury. The patient tolerated the procedure well with minimal blood loss.