

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: MCH

Date: 2023-10-16 09:56

Anesthésiste / Anesthetist: Dr. Amélie Moreau

Chirurgien / Surgeon: Dr. Samuel Lee

Assistant(s): Dr. resident Ethan Wright

Diagnostic préopératoire / Pre-operative diagnosis:

PHLEGMONOUS APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

SUPPURATIVE APPENDICITIS.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY WITH DRAINAGE OF ABSCESS.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and abscess wall

Anesthésie / Anesthesia: General anesthesia with regional block

Historique et constatations opératoires / History and operative findings:

A 4-year-old female who presented with right lower quadrant pain. Initially evaluated 2 days prior and diagnosed with IBD. Now has markedly elevated WBC, elevated CRP, no fever. Imaging: CT scan showing appendiceal abscess.

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

Patient in supine position. General 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. Accessory port placed in epigastric region. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. Appendix appeared thick-walled, surrounded by intense inflammatory reaction. Abscess cavity found in RLQ and irrigated. Fibrinous adhesions were lysed during the procedure. Appendix is isolated after adhesiolysis. Mesenteric vessels to the appendix are secured prior to removal. The appendix is ligated at its base with two absorbable sutures and then amputated. Specimen placed in EndoCatch bag for removal. We irrigate the abdominal cavity copiously with warm saline until the effluent is clear. All port sites closed with subcuticular Vicryl 4-0. Small serosal tear repaired intraoperatively.

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

Case ID: CASE-PR9EKG-12525