PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: St. Mary's Hospital Date: 2024-09-25 05:38

Anesthésiste / Anesthetist: Dr. John Evans

Chirurgien / Surgeon: Dr. Olivia Davis

Assistant(s): Dr. resident Fatima Sheikh

Diagnostic préopératoire / Pre-operative diagnosis:

RUPTURED APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH BOWEL OBSTRUCTION.

Opération / Operation:

OPEN APPENDECTOMY.

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

Anesthésie / Anesthesia: General anesthesia

Historique et constatations opératoires / History and operative findings:

A 3-year-old male with 1 day history of abdominal pain with distention. Failed conservative management for Crohn's disease. Imaging: ultrasound showing phlegmonous appendicitis.

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

Patient in supine position. General anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. Transverse infraumbilical incision is performed and access gained via blunt dissection. Accessory port placed in epigastric region. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, diffuse adhesions noted. The surgical field demonstrated hyperemic appendix with mild surrounding inflammation. A moderate amount of purulent material was present in the pelvis. Minimal adhesions were noted. Bladder and ureters visualized, no injury. Surrounding omentum and bowel are separated from the inflammatory mass. The mesoappendix is dissected and the appendiceal artery is controlled with electrocautery. Endoscopic stapling is used for appendiceal division. Specimen placed in EndoCatch bag for removal. We lavage the abdomen extensively, paying particular attention to the pelvis and right gutter. We close the fascia with Ethibond 2-0 in a interrupted fashion. Skin is approximated with subcuticular Vicryl 4-0.

Continue surgical care with antibiotic therapy and diet advancement as tolerated. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-JLT1TI-11706