

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU Sainte-Justine

Date: 2024-01-08 18:25

Anesthésiste / Anesthetist: Dr. Camille Roy

Chirurgien / Surgeon: Dr. James Wilson

Assistant(s): Dr. resident Anna Kim

Diagnostic préopératoire / Pre-operative diagnosis:

COMPLICATED APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

COMPLICATED APPENDICITIS.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY WITH DRAINAGE OF ABSCESS.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix

Anesthésie / Anesthesia: General anesthesia

Historique et constatations opératoires / History and operative findings:

Pediatric patient (7, non-binary) presenting with acute onset abdominal pain and constipation. History: recent travel. Imaging confirmed appendicitis.

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

Patient in supine position. General endotracheal anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. Incision is made in left lower quadrant for open conversion. Accessory port placed in epigastric region. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. Appendix appeared acutely inflamed, surrounded by minimal inflammatory reaction. A small localized abscess was found and drained. Severe adhesions required careful lysis. No technical difficulties encountered during surgery. Appendix is isolated after adhesiolysis. The appendiceal mesentery is carefully taken down with harmonic scalpel. The appendix is ligated at its base with two absorbable sutures and then amputated. Specimen placed in EndoCatch bag for removal. Irrigation performed with antibiotic solution. Umbilical port site is closed with PDS 3-0 and skin with non-absorbable Prolene 4-0.

Patient to receive postoperative IV antibiotics with monitoring for return of bowel function. No evidence of malignancy. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-OJJYBF-13259