

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Jewish General Hospital

Date: 2024-05-05 02:18

Anesthésiste / Anesthetist: Dr. John Evans

Chirurgien / Surgeon: Dr. Sarah Johnson

Assistant(s): Dr. resident Ethan Wright

Diagnostic préopératoire / Pre-operative diagnosis:

APPENDICITIS WITH ABSCESS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH ABSCESS.

Opération / Operation:

OPEN APPENDECTOMY.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and peri-appendiceal tissue

Anesthésie / Anesthesia: General anesthesia with nitrous oxide

Historique et constatations opératoires / History and operative findings:

1-year-old non-binary with 1 day abdominal pain. Treated for ovarian cyst; symptoms persisted. Imaging: MRI showing bowel wall thickening. Past medical history is otherwise unremarkable.

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

Patient in supine position. General anesthesia with local infiltration administered. Time-out was performed and abdomen prepped in sterile fashion. A vertical infraumbilical incision is made and carried down to the fascia which is incised sharply. Additional 5 mm trocars are placed in the right and left lower quadrants under laparoscopic guidance. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, moderate adhesions noted. The appendix was perforated with localized inflammation. A moderate amount of purulent material was present in the pelvis. Severe adhesions required careful lysis. We carefully dissect the inflammatory mass and identify the sclerotic appendix. We dissect the mesentery of the appendix and use the electrocautery to coagulate the artery. The base of the appendix is healthy and we place three EndoLoops - two proximal and one distal - before transecting the appendix. Specimen placed in EndoCatch bag for removal. We lavage the abdomen extensively, paying particular attention to the pelvis and right gutter. Fascial closure is performed at the umbilical site using PDS 3-0. The skin is closed with subcuticular Vicryl 4-0.

IV fluids and pain management as per protocol. Bladder and ureters visualized, no injury. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-3PT3AF-13280