

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU Sainte-Justine

Date: 2024-12-03 08:21

Anesthésiste / Anesthetist: Dr. Patricia Wong

Chirurgien / Surgeon: Dr. Victor Chen

Assistant(s): Dr. resident Jennifer Park

Diagnostic préopératoire / Pre-operative diagnosis:

LOCALIZED PERITONITIS SECONDARY TO APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

LOCALIZED PERITONITIS SECONDARY TO APPENDICITIS.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY WITH IRRIGATION AND DRAINAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendicolith

Anesthésie / Anesthesia: General anesthesia with nitrous oxide

Historique et constatations opératoires / History and operative findings:

A 5-year-old male who presented with abdominal pain with diarrhea. Initially evaluated 1 days prior and diagnosed with constipation. Now has markedly elevated WBC, normal CRP, high fever. Imaging: ultrasound reporting lymphadenopathy. Past medical history is otherwise unremarkable.

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

Patient in supine position. General anesthesia with caudal block administered. Time-out was performed and abdomen prepped in sterile fashion. Incision is made in left lower quadrant for open conversion. Two working ports are established in the right and left lower quadrants. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, diffuse adhesions noted. The surgical field demonstrated phlegmonous appendix with mild surrounding inflammation. A small localized abscess was found and drained. No significant adhesions. The appendix is mobilized using a combination of sharp and blunt dissection. The appendiceal artery is ligated and divided. Endoscopic stapling is used for appendiceal division. Specimen placed in EndoCatch bag for removal. Thorough irrigation of the abdominal cavity is performed, removing all purulent material. Umbilical port site is closed with Vicryl 2-0 and skin with interrupted silk 4-0. Incidental Meckel's diverticulum found and left in situ.

Monitor wound sites for infection. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-4ZZQI5-11331