PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU Sainte-Justine Date: 2023-11-14 23:07

Anesthésiste / Anesthetist: Dr. Julia Miller
Chirurgien / Surgeon: Dr. Ahmed Khan
Assistant(s): Dr. resident John Paul

Diagnostic préopératoire / Pre-operative diagnosis:
APPENDICITIS WITH FREE FLUID.
Diagnostic postopératoire / Post-operative diagnosis:
APPENDICITIS WITH BOWEL OBSTRUCTION.

Opération / Operation:
OPEN APPENDECTOMY WITH PELVIC LAVAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendicolith
Anesthésie / Anesthesia: General anesthesia with caudal block

Historique et constatations opératoires / History and operative findings:

9-year-old female with 1 day abdominal pain, elevated WBC, high CRP, no fever. Imaging: ultrasound with non-visualized appendix and secondary signs. recent travel.

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

Patient in supine position. General anesthesia with nitrous oxide administered. Time-out was performed and abdomen prepped in sterile fashion. A small infraumbilical incision is made and the abdominal cavity is entered under direct vision. We place two additional trocars, one in the suprapubic region and one in the left lower quadrant, both under direct vision. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, minimal adhesions noted. Appendix appeared distended, surrounded by persistent inflammatory reaction. Abscess cavity found in RLQ and irrigated. Multiple bowel loops adherent to the mass. Surrounding omentum and bowel are separated from the inflammatory mass. We dissect the mesentery of the appendix and use the electrocautery to coagulate the artery. 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. We close the fascia with Vicryl 3-0 in a interrupted fashion. Skin is approximated with interrupted silk 4-0.

Postoperative imaging if fever persists. No intraoperative complications occurred. The patient tolerated the procedure well with minimal blood loss.