

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Children's Hospital

Date: 2024-08-07 06:33

Anesthésiste / Anesthetist: Dr. Camille Roy

Chirurgien / Surgeon: Dr. Victor Chen

Assistant(s): Dr. resident Leo Morel

Diagnostic préopératoire / Pre-operative diagnosis:

ACUTE APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH PERITONEAL CONTAMINATION.

Opération / Operation:

APPENDECTOMY WITH INTRA-ABDOMINAL DRAINAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix

Anesthésie / Anesthesia: General anesthesia and epidural block

Historique et constatations opératoires / History and operative findings:

A 5-year-old male who presented with abdominal pain with anorexia. Initially evaluated 3 days prior and diagnosed with Crohn's disease. Now has elevated WBC, normal CRP, low-grade fever. Imaging: CT scan confirming appendicitis.

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

Patient in supine position. General anesthesia with mask induction administered. Time-out was performed and abdomen prepped in sterile fashion. We create a 1 cm infraumbilical incision and enter the abdomen using the Hasson technique. Single-incision laparoscopic port is used. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, diffuse adhesions noted. Operative findings included sclerotic appendix and marked inflammation. No pus or abscess formation found. No significant adhesions. Surrounding omentum and bowel are separated from the inflammatory mass. The appendiceal artery is ligated and divided. The appendix is ligated at its base with two absorbable sutures and then amputated. Specimen placed in EndoCatch bag for removal. Thorough irrigation of the abdominal cavity is performed, removing all purulent material. The umbilical fascia is reapproximated with interrupted PDS 2-0 sutures. Skin incisions are closed with Dermabond. No intraoperative complications occurred.

Monitor for signs of infection; advance diet as tolerated. No need for drains postoperatively. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-5B6EI9-12800