

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Children's Hospital

Date: 2024-03-10 05:46

Anesthésiste / Anesthetist: Dr. Amélie Moreau

Chirurgien / Surgeon: Dr. Aisha Patel

Assistant(s): Dr. resident Zoe Tremblay

Diagnostic préopératoire / Pre-operative diagnosis:

APPENDICITIS WITH BOWEL OBSTRUCTION.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH LOCALIZED PERITONITIS.

Opération / Operation:

APPENDECTOMY WITH INTRA-ABDOMINAL DRAINAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with surrounding lymph nodes

Anesthésie / Anesthesia: General endotracheal anesthesia

Historique et constatations opératoires / History and operative findings:

Pediatric patient (14, non-binary) presenting with acute onset abdominal pain and constipation. History: recent antibiotic use. Imaging confirmed appendicitis. Past medical history is otherwise unremarkable.

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

Patient in supine position. General anesthesia with regional block 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. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, minimal adhesions noted. Appendix was suppurative and surrounded by No abscess was identified. and Severe adhesions required careful lysis. Minimal intraoperative blood loss. We carefully dissect the inflammatory mass and identify the necrotic appendix. Mesenteric vessels to the appendix are secured prior to removal. Absorbable ligatures are applied prior to amputation. Specimen placed in EndoCatch bag for removal. Thorough irrigation of the abdominal cavity is performed, removing all purulent material. We close the fascia with PDS 2-0 in a interrupted fashion. Skin is approximated with Steri-Strips. Ovaries and uterus normal in female patients.

Continue surgical care with antibiotic therapy and diet advancement as tolerated. Patient tolerated procedure well. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-SVKZAK-13665