PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: MCH Date: 2023-12-19 10:53

Anesthésiste / Anesthetist: Dr. Thomas White

Chirurgien / Surgeon: Dr. Marie-Claire Dubois

Assistant(s): Dr. resident Maya Singh

Diagnostic préopératoire / Pre-operative diagnosis:

PHLEGMONOUS APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH PELVIC ABSCESS.

Opération / Operation:

LAPAROSCOPIC CONVERTED TO OPEN APPENDECTOMY.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and inflamed tissue

Anesthésie / Anesthesia: General anesthesia with nitrous oxide

Historique et constatations opératoires / History and operative findings:

A 7-year-old non-binary who presented with RLQ tenderness and guarding. Initially evaluated 2 days prior and diagnosed with Crohn's disease. Now has normal WBC, normal CRP, no fever. Imaging: MRI demonstrating RLQ inflammation.

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. A vertical infraumbilical incision is made and carried down to the fascia which is incised sharply. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. Operative findings included gangrenous appendix and fluctuating inflammation. Abscess cavity found in RLQ and irrigated. Dense adhesions were encountered during dissection. The appendix is mobilized using a combination of sharp and blunt dissection. The appendiceal artery is ligated and divided. 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 irrigate the abdominal cavity copiously with warm saline until the effluent is clear. Fascial closure is performed at the umbilical site using PDS 3-0. The skin is closed with subcuticular Vicryl 4-0.

Early ambulation and supportive care recommended. The patient tolerated the procedure well with minimal blood loss.