PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Notre-Dame Date: 2024-06-13 19:22

Anesthésiste / Anesthetist: Dr. Michael Brown
Chirurgien / Surgeon: Dr. James Wilson
Assistant(s): Dr. resident Fatima Sheikh

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

Opération / Operation:
OPEN APPENDECTOMY WITH PELVIC LAVAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix
Anesthésie / Anesthesia: Total intravenous anesthesia

Historique et constatations opératoires / History and operative findings:

A 14-year-old non-binary who presented with abdominal pain with palpable mass. Initially evaluated 4 days prior and diagnosed with mesenteric adenitis. Now has markedly elevated WBC, normal CRP, high fever. Imaging: ultrasound showing perforated appendicitis. Recent travel history may be relevant.

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. Two working ports are established in the right and left lower quadrants. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, minimal adhesions noted. Appendix was phlegmonous and surrounded by A large pelvic abscess was present and evacuated. and Minimal adhesions were noted. Bladder and ureters visualized, no injury. Blunt dissection is used to free the appendix from surrounding structures. The appendiceal mesentery is carefully taken down with harmonic scalpel. Absorbable ligatures are applied prior to amputation. Specimen placed in EndoCatch bag for removal. We irrigate the abdominal cavity copiously with warm saline until the effluent is clear. Umbilical port site is closed with Maxon 2-0 and skin with subcuticular Vicryl 4-0.

IV fluids and pain management as per protocol. The patient tolerated the procedure well with minimal blood loss.