

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: MCH

Date: 2024-03-23 12:48

Anesthésiste / Anesthetist: Dr. Claire Dubois

Chirurgien / Surgeon: Dr. James Wilson

Assistant(s): Dr. resident Chloe Nguyen

Diagnostic préopératoire / Pre-operative diagnosis:

APPENDICITIS WITH BOWEL OBSTRUCTION.

Diagnostic postopératoire / Post-operative diagnosis:

GANGRENOUS APPENDICITIS.

Opération / Operation:

APPENDECTOMY WITH LYSIS OF ADHESIONS.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and abscess wall

Anesthésie / Anesthesia: General anesthesia with caudal block

Historique et constatations opératoires / History and operative findings:

A 13-year-old male who presented with abdominal pain with rebound tenderness. Initially evaluated 2 days prior and diagnosed with pneumonia. Now has elevated WBC, normal CRP, high fever. Imaging: CT scan showing appendiceal abscess.

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. Transverse infraumbilical incision is performed and access gained via blunt dissection. Accessory port placed in epigastric region. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, diffuse adhesions noted. Intraoperative examination revealed distended appendix. No abscess was identified. The omentum was wrapped around the inflamed appendix. The surrounding tissues showed intense reaction. We proceed with careful dissection of the appendiceal attachments. The appendiceal artery is ligated and divided. Base of appendix secured with purse-string suture prior to removal. Specimen placed in EndoCatch bag for removal. We lavage the abdomen extensively, paying particular attention to the pelvis and right gutter. We close the fascia with Vicryl 3-0 in an interrupted fashion. Skin is approximated with Steri-Strips. No technical difficulties encountered during surgery.

Discharge home when tolerating oral intake and afebrile. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-RQ0AD3-10884