PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU de Québec Date: 2024-08-30 23:59

Anesthésiste / Anesthetist: Dr. David Smith
Chirurgien / Surgeon: Dr. Sophie Chen
Assistant(s): Dr. resident Marc Gagnon

Diagnostic préopératoire / Pre-operative diagnosis:
ACUTE APPENDICITIS WITH PERITONITIS.
Diagnostic postopératoire / Post-operative diagnosis:
PHLEGMONOUS APPENDICITIS.

Opération / Operation:
LAPAROSCOPIC APPENDECTOMY WITH DRAINAGE OF ABSCESS.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix
Anesthésie / Anesthesia: General anesthesia with caudal block

Historique et constatations opératoires / History and operative findings:

A 5-year-old male with several hours history of abdominal pain with vomiting. Failed conservative management for Crohn's disease. Imaging: ultrasound suggestive of appendicitis.

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

Patient in supine position. General anesthesia with caudal block 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. Three trocars in total are used for laparoscopic access. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. Intraoperative examination revealed phlegmonous appendix. A small localized abscess was found and drained. Severe adhesions required careful lysis. The surrounding tissues showed diffuse reaction. We proceed with careful dissection of the appendiceal attachments. Appendiceal vessels controlled with clips. We secure the appendiceal base with two Endoloops and transect between them. Specimen placed in EndoCatch bag for removal. We lavage the abdomen extensively, paying particular attention to the pelvis and right gutter. Umbilical port site is closed with Ethibond 2-0 and skin with Steri-Strips.

Repeat CBC and CRP postoperatively. The patient tolerated the procedure well with minimal blood loss.