PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Shriners Hospitals for Children Date: 2024-06-08 01:50

Anesthésiste / Anesthetist: Dr. Thomas White
Chirurgien / Surgeon: Dr. Isabelle Girard
Assistant(s): Dr. resident Leo Morel

Diagnostic préopératoire / Pre-operative diagnosis:
APPENDICITIS WITH BOWEL OBSTRUCTION.
Diagnostic postopératoire / Post-operative diagnosis:
APPENDICITIS WITH BOWEL OBSTRUCTION.

Opération / Operation:
OPEN APPENDECTOMY.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and abscess wall
Anesthésie / Anesthesia: General anesthesia with nitrous oxide

Historique et constatations opératoires / History and operative findings:

Patient (3 years, male) presented with persistent vomiting and abdominal pain, elevated WBC, high CRP. Imaging: ultrasound with non-visualized appendix and secondary signs.

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

Patient in supine position. Total intravenous anesthesia 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. Single-incision laparoscopic port is used. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, diffuse adhesions noted. The appendix was distended with intense inflammation. No abscess, but turbid fluid present. Fibrinous adhesions were lysed during the procedure. Appendix is isolated after adhesiolysis. We dissect the mesentery of the appendix and use the electrocautery to coagulate the artery. Endoscopic stapling is used for appendiceal division. Specimen placed in EndoCatch bag for removal. Saline is used for thorough irrigation of all quadrants. We close the fascia at the umbilical port with figure-of-eight sutures of PDS 2-0 and the skin with interrupted silk 4-0.

Repeat CBC and CRP postoperatively. No mesenteric ischemia. The patient tolerated the procedure well with minimal blood loss.