PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Royal Victoria Hospital Date: 2025-01-15 11:39

Anesthésiste / Anesthetist: Dr. Julia Miller
Chirurgien / Surgeon: Dr. Aisha Patel
Assistant(s): Dr. resident Lucas Martin

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

Opération / Operation:
LAPAROSCOPIC APPENDECTOMY.

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

Historique et constatations opératoires / History and operative findings:

Pediatric patient (4, male) presenting with acute onset abdominal pain with palpable mass. History: no prior abdominal surgery. Imaging confirmed appendicitis. Past medical history is otherwise unremarkable.

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 make an infraumbilical incision of 1 cm, dissect the subcutaneous tissue bluntly and penetrate the abdominal cavity via an open technique. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, diffuse adhesions noted. The surgical field demonstrated necrotic appendix with severe surrounding inflammation. Abscess cavity found in RLQ and irrigated. Multiple bowel loops adherent to the mass. We carefully dissect the inflammatory mass and identify the ruptured appendix. Mesenteric vessels to the appendix are secured prior to removal. We secure the appendiceal base with two Endoloops and transect between them. Specimen placed in EndoCatch bag for removal. Copious irrigation is undertaken to ensure removal of all inflammatory debris. We close the fascia with Ethibond 2-0 in a interrupted fashion. Skin is approximated with interrupted nylon 4-0. Incidental Meckel's diverticulum found and left in situ.

Early ambulation and supportive care recommended. No unexpected findings. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-12YOTC-12358