PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU de Québec Date: 2023-10-16 07:34

Anesthésiste / Anesthetist: Dr. David Smith
Chirurgien / Surgeon: Dr. Samuel Lee
Assistant(s): Dr. resident Chloe Nguyen

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

Opération / Operation:
APPENDECTOMY WITH LYSIS OF ADHESIONS.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and peri-appendiceal tissue
Anesthésie / Anesthesia: General endotracheal anesthesia

Historique et constatations opératoires / History and operative findings:

A 4-year-old non-binary who presented with abdominal pain with rebound tenderness. Initially evaluated 3 days prior and diagnosed with pneumonia. Now has markedly elevated WBC, elevated CRP, high fever. Imaging: ultrasound with non-visualized appendix and secondary signs. Past medical history is otherwise unremarkable.

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. A small infraumbilical incision is made and the abdominal cavity is entered under direct vision. Additional 5 mm trocars are placed in the right and left lower quadrants under laparoscopic guidance. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, diffuse adhesions noted. Findings include distended appendix with persistent inflammatory changes. A large pelvic abscess was present and evacuated. Mild adhesions between bowel loops observed. Surrounding omentum and bowel are separated from the inflammatory mass. Mesenteric vessels to the appendix are secured prior to removal. 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. Umbilical port site is closed with Vicryl 2-0 and skin with Dermabond.

We will continue current antibiotic regimen and begin enteral feeds when bowel function returns. No bowel injury noted. The patient tolerated the procedure well with minimal blood loss.