PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Shriners Hospitals for Children Date: 2024-05-18 22:02

Anesthésiste / Anesthetist: Dr. Kevin Zhang
Chirurgien / Surgeon: Dr. Paul Lambert
Assistant(s): Dr. resident Marc Gagnon

Diagnostic préopératoire / Pre-operative diagnosis:
APPENDICITIS MIMICKING OVARIAN PATHOLOGY.
Diagnostic postopératoire / Post-operative diagnosis:
APPENDICITIS MIMICKING OVARIAN PATHOLOGY.

Opération / Operation:
APPENDECTOMY WITH INTRA-ABDOMINAL DRAINAGE.

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

Historique et constatations opératoires / History and operative findings:

A 16-year-old male who presented with abdominal pain with fever. Initially evaluated 2 days prior and diagnosed with mesenteric adenitis. Now has elevated WBC, elevated CRP, no fever. Imaging: ultrasound showing appendicitis.

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

Patient in supine position. General endotracheal anesthesia 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. 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, moderate adhesions noted. Intraoperative examination revealed friable appendix. Purulent fluid was noted throughout the abdominal cavity. Severe adhesions required careful lysis. The surrounding tissues showed fluctuating 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 irrigate the abdominal cavity copiously with warm saline until the effluent is clear. The umbilical fascia is reapproximated with interrupted Vicryl 2-0 sutures. Skin incisions are closed with non-absorbable Prolene 4-0. Minor bleeding controlled with cautery.

Continue surgical care with antibiotic therapy and diet advancement as tolerated. The patient tolerated the procedure well with minimal blood loss.