

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: MCH

Date: 2023-11-05 09:05

Anesthésiste / Anesthetist: Dr. Lisa Garcia

Chirurgien / Surgeon: Dr. Martin Levesque

Assistant(s): Dr. resident Maya Singh

Diagnostic préopératoire / Pre-operative diagnosis:

PHLEGMONOUS APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

GANGRENOUS APPENDICITIS.

Opération / Operation:

APPENDECTOMY WITH INTRA-ABDOMINAL DRAINAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendicolith

Anesthésie / Anesthesia: General anesthesia and epidural block

Historique et constatations opératoires / History and operative findings:

4-year-old male with 3 days abdominal pain. Treated for gastroenteritis; symptoms persisted. Imaging: ultrasound with non-visualized appendix and secondary signs.

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 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, diffuse adhesions noted. The surgical field demonstrated shrunken appendix with extensive surrounding inflammation. No abscess, but turbid fluid present. Mild adhesions between bowel loops observed. We carefully dissect the inflammatory mass and identify the necrotic appendix. The appendiceal mesentery is carefully taken down with harmonic scalpel. 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. Fascial closure is performed at the umbilical site using Ethibond 2-0. The skin is closed with subcuticular Monocryl 4-0. Minimal intraoperative blood loss.

Pain control with acetaminophen and morphine as needed. No evidence of malignancy. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-SEJF8T-13798