PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Shriners Hospitals for Children Date: 2025-02-10 00:17

Anesthésiste / Anesthetist: Dr. Amélie Moreau
Chirurgien / Surgeon: Dr. Olivia Davis
Assistant(s): Dr. resident Marc Gagnon

Diagnostic préopératoire / Pre-operative diagnosis:
RUPTURED APPENDICITIS.
Diagnostic postopératoire / Post-operative diagnosis:
PERFORATED APPENDICITIS.

Opération / Operation:
LAPAROSCOPIC CONVERTED TO OPEN APPENDECTOMY.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and mesoappendix
Anesthésie / Anesthesia: General anesthesia

Historique et constatations opératoires / History and operative findings:

A 7-year-old non-binary with several hours history of abdominal pain with elevated WBC. Failed conservative management for Crohn's disease. Imaging: CT scan confirming appendicitis. Past medical history is otherwise unremarkable.

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. We create a 1 cm infraumbilical incision and enter the abdomen using the Hasson technique. Single-incision laparoscopic port is used. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. The surgical field demonstrated acutely inflamed appendix with intense surrounding inflammation. There was a contained abscess in the right lower quadrant. Multiple bowel loops adherent to the mass. Incidental Meckel's diverticulum found and left in situ. Dissection is carried out to isolate the base of the appendix. Mesenteric vessels to the appendix are secured prior to removal. We apply an endoscopic stapler to the base of the appendix and divide it. Specimen placed in EndoCatch bag for removal. Copious irrigation is undertaken to ensure removal of all inflammatory debris. Fascial closure is performed at the umbilical site using Vicryl 3-0. The skin is closed with non-absorbable Prolene 4-0.

Repeat CBC and CRP postoperatively. The patient tolerated the procedure well with minimal blood loss.