PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU Sainte-Justine Date: 2023-11-27 12:05

Anesthésiste / Anesthetist: Dr. Aisha Patel
Chirurgien / Surgeon: Dr. Victor Chen
Assistant(s): Dr. resident Jake Turner

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

Opération / Operation:
OPEN APPENDECTOMY WITH PELVIC LAVAGE.

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

Historique et constatations opératoires / History and operative findings:

14-year-old non-binary with one week abdominal pain. Treated for urinary tract infection; symptoms persisted. Imaging: ultrasound with non-visualized appendix and secondary signs.

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 create a 1 cm infraumbilical incision and enter the abdomen using the Hasson 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, significant adhesions noted. Intraoperative examination revealed distended appendix. A small localized abscess was found and drained. Mild adhesions between bowel loops observed. The surrounding tissues showed intense reaction. No unexpected findings. We carefully dissect the inflammatory mass and identify the thick-walled appendix. The appendiceal artery is ligated and divided. Absorbable ligatures are applied prior to amputation. 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 subcuticular Monocryl 4-0. Patient tolerated procedure well.

We will continue current antibiotic regimen and begin enteral feeds when bowel function returns. The patient tolerated the procedure well with minimal blood loss.