PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: MCH Date: 2024-01-26 05:07

Anesthésiste / Anesthetist: Dr. Paul Anderson

Chirurgien / Surgeon: Dr. Samuel Lee

Assistant(s): Dr. resident Anna Kim

Diagnostic préopératoire / Pre-operative diagnosis:

APPENDICITIS WITH SEPSIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH PERITONEAL CONTAMINATION.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY WITH OMENTAL WRAPPING.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with surrounding lymph nodes

Anesthésie / Anesthesia: General anesthesia and epidural block

Historique et constatations opératoires / History and operative findings:

A 7-year-old non-binary with several hours history of abdominal pain and constipation. Failed conservative management for intussusception. Imaging: ultrasound showing appendicitis.

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. Two working ports are established in the right and left lower quadrants. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, diffuse adhesions noted. The appendix was thick-walled with extensive inflammation. Purulent fluid was noted throughout the abdominal cavity. The omentum was wrapped around the inflamed appendix. No need for drains postoperatively. The appendix is mobilized using a combination of sharp and blunt dissection. Mesenteric vessels to the appendix are secured prior to removal. The appendix is ligated at its base with two absorbable sutures and then amputated. Specimen placed in EndoCatch bag for removal. Irrigation performed with antibiotic solution. Umbilical port site is closed with Maxon 2-0 and skin with interrupted silk 4-0. No need for drains postoperatively.

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

Case ID: CASE-8FK8CY-13217