PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Royal Victoria Hospital Date: 2024-10-09 17:26

Anesthésiste / Anesthetist: Dr. Julia Miller
Chirurgien / Surgeon: Dr. Martin Levesque
Assistant(s): Dr. resident Maya Singh

Diagnostic préopératoire / Pre-operative diagnosis:
APPENDICITIS WITH FREE FLUID.
Diagnostic postopératoire / Post-operative diagnosis:
APPENDICITIS WITH BOWEL OBSTRUCTION.

Opération / Operation:
OPEN APPENDECTOMY WITH PELVIC LAVAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with surrounding lymph nodes
Anesthésie / Anesthesia: General anesthesia with regional block

Historique et constatations opératoires / History and operative findings:

Pediatric patient (12, female) presenting with acute onset abdominal pain with anorexia. History: previous similar episode. Imaging confirmed appendicitis.

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

Patient in supine position. General anesthesia with local infiltration administered. Time-out was performed and abdomen prepped in sterile fashion. A vertical infraumbilical incision is made and carried down to the fascia which is incised sharply. We place two additional trocars, one in the suprapubic region and one in the left lower quadrant, both under direct vision. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, moderate adhesions noted. Findings include necrotic appendix with localized inflammatory changes. Multiple small abscesses were encountered. Minimal adhesions were noted. Surrounding omentum and bowel are separated from the inflammatory mass. The appendiceal mesentery is carefully taken down with harmonic scalpel. Base of appendix secured with purse-string suture prior to removal. Specimen placed in EndoCatch bag for removal. Abdominal lavage performed until clear. Fascial closure is performed at the umbilical site using Vicryl 2-0. The skin is closed with non-absorbable Prolene 4-0.

Patient will remain on IV antibiotics with gradual diet advancement as per surgery protocol. No need for drains postoperatively. The patient tolerated the procedure well with minimal blood loss.