

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Ste-Agathe Hospital

Date: 2024-08-21 13:05

Anesthésiste / Anesthetist: Dr. Julia Miller

Chirurgien / Surgeon: Dr. Ahmed Khan

Assistant(s): Dr. resident Maya Singh

Diagnostic préopératoire / Pre-operative diagnosis:

APPENDICITIS MIMICKING OVARIAN PATHOLOGY.

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 and abscess wall

Anesthésie / Anesthesia: Total intravenous anesthesia

Historique et constatations opératoires / History and operative findings:

Patient (5 years, non-binary) presented with abdominal pain with fever, normal WBC, elevated CRP. 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. Direct trocar insertion after skin and fascia incision. Three trocars in total are used for laparoscopic access. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. Findings include gangrenous appendix with localized inflammatory changes. A large pelvic abscess was present and evacuated. Fibrinous adhesions were lysed during the procedure. Blunt dissection is used to free the appendix from surrounding structures. 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. We lavage the abdomen extensively, paying particular attention to the pelvis and right gutter. We close the fascia with Polysorb 2-0 in a interrupted fashion. Skin is approximated with interrupted silk 4-0. Incidental Meckel's diverticulum found and left in situ.

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

Case ID: CASE-V3H5XV-13001