

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Shriners Hospitals for Children

Date: 2024-11-23 17:09

Anesthésiste / Anesthetist: Dr. John Evans

Chirurgien / Surgeon: Dr. Olivia Davis

Assistant(s): Dr. resident Chloe Nguyen

Diagnostic préopératoire / Pre-operative diagnosis:

PHLEGMONOUS APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

PHLEGMONOUS APPENDICITIS.

Opération / Operation:

APPENDECTOMY WITH INTRA-ABDOMINAL DRAINAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendicolith

Anesthésie / Anesthesia: Total intravenous anesthesia

Historique et constatations opératoires / History and operative findings:

Pediatric patient (8, female) presenting with acute onset abdominal pain with vomiting. History: recent travel. Imaging confirmed 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. Direct trocar insertion after skin and fascia incision. 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. Appendix was sclerotic and surrounded by A small localized abscess was found and drained. and No significant adhesions. No technical difficulties encountered during surgery. Dissection is carried out to isolate the base of the appendix. The mesoappendix is divided using a bipolar energy device. We apply an endoscopic stapler to the base of the appendix and divide it. Specimen placed in EndoCatch bag for removal. We irrigate the abdominal cavity copiously with warm saline until the effluent is clear. The umbilical fascia is reapproximated with interrupted Vicryl 2-0 sutures. Skin incisions are closed with interrupted silk 4-0.

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-AZ1ZWD-12878