PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Royal Victoria Hospital Date: 2024-06-13 19:33

Anesthésiste / Anesthetist: Dr. David Smith
Chirurgien / Surgeon: Dr. Samuel Lee
Assistant(s): Dr. resident Zoe Tremblay

Diagnostic préopératoire / Pre-operative diagnosis:
APPENDICITIS MIMICKING OVARIAN PATHOLOGY.
Diagnostic postopératoire / Post-operative diagnosis:
APPENDICITIS MIMICKING OVARIAN PATHOLOGY.

Opération / Operation:
APPENDECTOMY WITH INTRA-ABDOMINAL DRAINAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and peri-appendiceal tissue
Anesthésie / Anesthesia: General anesthesia with mask induction

Historique et constatations opératoires / History and operative findings:

Patient (6 years, female) presented with abdominal pain with palpable mass, normal WBC, normal CRP. Imaging: MRI demonstrating RLQ inflammation.

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

Patient in supine position. General anesthesia with nitrous oxide 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, moderate adhesions noted. Operative findings included gangrenous appendix and intense inflammation. A moderate amount of purulent material was present in the pelvis. The appendix was adhered to surrounding structures. No technical difficulties encountered during surgery. We carefully dissect the inflammatory mass and identify the gangrenous appendix. The mesoappendix is dissected and the appendiceal artery is controlled with electrocautery. We secure the appendiceal base with two Endoloops and transect between them. Specimen placed in EndoCatch bag for removal. Irrigation performed with antibiotic solution. We close the fascia at the umbilical port with figure-of-eight sutures of PDS 3-0 and the skin with interrupted silk 4-0.

Pain control with acetaminophen and morphine as needed. The patient tolerated the procedure well with minimal blood loss.