PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU Sainte-Justine Date: 2024-03-26 01:55

Anesthésiste / Anesthetist: Dr. John Evans
Chirurgien / Surgeon: Dr. Victor Chen
Assistant(s): Dr. resident Lucas Martin

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

Opération / Operation:
LAPAROSCOPIC APPENDECTOMY WITH IRRIGATION AND DRAINAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and inflamed tissue
Anesthésie / Anesthesia: General anesthesia with nitrous oxide

Historique et constatations opératoires / History and operative findings:

A 4-year-old female who presented with abdominal pain with vomiting. Initially evaluated 2 days prior and diagnosed with renal colic. Now has normal WBC, high CRP, low-grade fever. Imaging: MRI showing bowel wall thickening.

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

Patient in supine position. General anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. A small infraumbilical incision is made and the abdominal cavity is entered under direct vision. Additional 5 mm trocars are placed in the right and left lower quadrants under laparoscopic guidance. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, moderate adhesions noted. The surgical field demonstrated sclerotic appendix with minimal surrounding inflammation. Multiple small abscesses were encountered. Dense adhesions were encountered during dissection. We carefully dissect the inflammatory mass and identify the ruptured appendix. Appendiceal vessels controlled with clips. Endoscopic stapling is used for appendiceal division. Specimen placed in EndoCatch bag for removal. Irrigation performed with antibiotic solution. We close the fascia with PDS 3-0 in a interrupted fashion. Skin is approximated with non-absorbable Prolene 4-0.

We will continue current antibiotic regimen and begin enteral feeds when bowel function returns. No evidence of peritoneal carcinomatosis. The patient tolerated the procedure well with minimal blood loss.