PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Children's Hospital Date: 2024-01-26 13:40

Anesthésiste / Anesthetist: Dr. Omar Fahmy
Chirurgien / Surgeon: Dr. Samuel Lee
Assistant(s): Dr. resident Fatima Sheikh

Diagnostic préopératoire / Pre-operative diagnosis:
PHLEGMONOUS APPENDICITIS.
Diagnostic postopératoire / Post-operative diagnosis:
APPENDICITIS WITH EXTENSIVE ADHESIONS.

Opération / Operation:
APPENDECTOMY WITH INTRA-ABDOMINAL DRAINAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendicolith
Anesthésie / Anesthesia: General endotracheal anesthesia

Historique et constatations opératoires / History and operative findings:

Pediatric patient (11, non-binary) presenting with acute onset abdominal pain with diarrhea. History: previous similar episode. Imaging confirmed appendicitis. Past medical history is otherwise unremarkable.

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

Patient in supine position. General anesthesia with mask induction 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. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. The surgical field demonstrated shrunken appendix with localized surrounding inflammation. No pus or abscess formation found. Mild adhesions between bowel loops observed. Minimal intraoperative blood loss. We carefully dissect the inflammatory mass and identify the acutely inflamed appendix. The mesoappendix is divided using a bipolar energy device. The appendix is ligated at its base with two absorbable sutures and then amputated. Specimen placed in EndoCatch bag for removal. Thorough irrigation of the abdominal cavity is performed, removing all purulent material. The umbilical fascia is reapproximated with interrupted PDS 2-0 sutures. Skin incisions are closed with Steri-Strips.

We will continue current antibiotic regimen and begin enteral feeds when bowel function returns. The patient tolerated the procedure well with minimal blood loss.