

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Charles-LeMoyne

Date: 2024-08-02 13:40

Anesthésiste / Anesthetist: Dr. Paul Anderson

Chirurgien / Surgeon: Dr. Elena Rodriguez

Assistant(s): Dr. resident Marc Gagnon

Diagnostic préopératoire / Pre-operative diagnosis:

APPENDICITIS WITH BOWEL OBSTRUCTION.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH HEMORRHAGE.

Opération / Operation:

APPENDECTOMY WITH REMOVAL OF APPENDICOLITH.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and abscess wall

Anesthésie / Anesthesia: General anesthesia

Historique et constatations opératoires / History and operative findings:

A 8-year-old male with one week history of abdominal pain with palpable mass. Failed conservative management for gastroesophageal reflux. Imaging: ultrasound with non-visualized appendix and secondary signs. Past medical history is otherwise unremarkable.

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

Patient in supine position. Total intravenous anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. We make an infraumbilical incision of 1 cm, dissect the subcutaneous tissue bluntly and penetrate the abdominal cavity via an open technique. Accessory port placed in epigastric region. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. Operative findings included friable appendix and fluctuating inflammation. There was a contained abscess in the right lower quadrant. Fibrinous adhesions were lysed during the procedure. Blunt dissection is used to free the appendix from surrounding structures. 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. Copious irrigation is undertaken to ensure removal of all inflammatory debris. Umbilical port site is closed with PDS 2-0 and skin with interrupted nylon 4-0.

Monitor for signs of infection; advance diet as tolerated. No unexpected findings. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-8B9UVY-11950