PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU Sainte-Justine Date: 2024-03-16 14:43

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

Diagnostic préopératoire / Pre-operative diagnosis:
APPENDICITIS WITH SEPSIS.
Diagnostic postopératoire / Post-operative diagnosis:
APPENDICITIS WITH LOCALIZED PERITONITIS.

Opération / Operation:
LAPAROSCOPIC CONVERTED TO OPEN APPENDECTOMY.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and mesoappendix
Anesthésie / Anesthesia: General anesthesia with local infiltration

Historique et constatations opératoires / History and operative findings:

Pediatric patient (16, male) presenting with acute onset abdominal pain with distention. History: family history of appendicitis. Imaging confirmed appendicitis. Recent travel history may be relevant.

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. A small infraumbilical incision is made and the abdominal cavity is entered under direct vision. Accessory port placed in epigastric region. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. Intraoperative examination revealed thick-walled appendix. Purulent fluid was noted throughout the abdominal cavity. Minimal adhesions were noted. The surrounding tissues showed extensive reaction. We proceed with careful dissection of the appendiceal attachments. Mesenteric vessels to the appendix are secured prior to removal. Absorbable ligatures are applied prior to amputation. Specimen placed in EndoCatch bag for removal. Thorough irrigation of the abdominal cavity is performed, removing all purulent material. We close the fascia with Vicryl 3-0 in a interrupted fashion. Skin is approximated with non-absorbable Prolene 4-0.

The patient will be continued on IV antibiotics and advanced to diet as tolerated. No technical difficulties encountered during surgery. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-E5C3J0-13036