

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Montreal Children's

Date: 2024-01-01 04:06

Anesthésiste / Anesthetist: Dr. John Evans

Chirurgien / Surgeon: Dr. Martin Levesque

Assistant(s): Dr. resident Emily Clark

Diagnostic préopératoire / Pre-operative diagnosis:

RUPTURED APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

RUPTURED APPENDICITIS.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY.

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

Anesthésie / Anesthesia: Total intravenous anesthesia

Historique et constatations opératoires / History and operative findings:

Patient (2 years, male) presented with persistent vomiting and abdominal pain, markedly elevated WBC, elevated CRP. Imaging: CT scan confirming appendicitis.

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. Incision is made in left lower quadrant for open conversion. 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, minimal adhesions noted. Appendix appeared hyperemic, surrounded by patchy inflammatory reaction. No abscess was identified. The omentum was wrapped around the inflamed appendix. We proceed with careful dissection of the appendiceal attachments. The appendiceal artery is ligated and divided. The base of the appendix is healthy and we place three EndoLoops - two proximal and one distal - before transecting the appendix. Specimen placed in EndoCatch bag for removal. We lavage the abdomen extensively, paying particular attention to the pelvis and right gutter. The umbilical fascia is reapproximated with interrupted PDS 2-0 sutures. Skin incisions are closed with subcuticular Monocryl 4-0.

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

Case ID: CASE-FADVP8-10028