PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: St. Mary's Hospital Date: 2024-01-31 09:59

Anesthésiste / Anesthetist: Dr. Kevin Zhang
Chirurgien / Surgeon: Dr. Marie-Claire Dubois
Assistant(s): Dr. resident Maya Singh

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

Opération / Operation:
OPEN APPENDECTOMY WITH PELVIC LAVAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and abscess wall
Anesthésie / Anesthesia: General anesthesia with mask induction

Historique et constatations opératoires / History and operative findings:

A 11-year-old female who presented with abdominal pain with rebound tenderness. Initially evaluated 4 days prior and diagnosed with pneumonia. Now has elevated WBC, elevated CRP, no fever. Imaging: MRI demonstrating RLQ inflammation.

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

Patient in supine position. General anesthesia with local infiltration administered. Time-out was performed and abdomen prepped in sterile fashion. Direct trocar insertion after skin and fascia incision. We place two additional trocars, one in the suprapubic region and one in the left lower quadrant, both under direct vision. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. Operative findings included acutely inflamed appendix and diffuse inflammation. Purulent fluid was noted throughout the abdominal cavity. The appendix was adhered to surrounding structures. Dissection is carried out to isolate the base of the appendix. Mesenteric vessels to the appendix are secured prior to removal. The appendix is ligated at its base with two absorbable sutures and then amputated. Specimen placed in EndoCatch bag for removal. Copious irrigation is undertaken to ensure removal of all inflammatory debris. The umbilical fascia is reapproximated with interrupted Maxon 2-0 sutures. Skin incisions are closed with subcuticular Monocryl 4-0.

Monitor wound sites for infection. The patient tolerated the procedure well with minimal blood loss.