PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: MCH Date: 2024-03-09 18:42

Anesthésiste / Anesthetist: Dr. Lisa Garcia

Chirurgien / Surgeon: Dr. Samuel Lee

Assistant(s): Dr. resident Maya Singh

Diagnostic préopératoire / Pre-operative diagnosis:

PHLEGMONOUS APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

PHLEGMONOUS APPENDICITIS.

Opération / Operation:

APPENDECTOMY WITH REMOVAL OF APPENDICOLITH.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with attached omentum

Anesthésie / Anesthesia: General anesthesia with caudal block

Historique et constatations opératoires / History and operative findings:

Patient (13 years, female) presented with abdominal pain with elevated WBC, normal WBC, normal CRP. Imaging: MRI demonstrating RLQ inflammation. Past medical history is otherwise unremarkable. Recent travel history may be relevant.

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

Patient in supine position. General anesthesia with regional block 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. 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 gangrenous, surrounded by extensive inflammatory reaction. Multiple small abscesses were encountered. No abnormal adhesions found. We carefully dissect the inflammatory mass and identify the perforated 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. Irrigation performed with antibiotic solution. The umbilical fascia is reapproximated with interrupted Vicryl 2-0 sutures. Skin incisions are closed with interrupted nylon 4-0. Small serosal tear repaired intraoperatively.

Repeat CBC and CRP postoperatively. The patient tolerated the procedure well with minimal blood loss.