PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Jewish General Hospital Date: 2024-06-17 13:32

Anesthésiste / Anesthetist: Dr. Paul Anderson

Chirurgien / Surgeon: Dr. James Wilson Assistant(s): Dr. resident Maya Singh

Diagnostic préopératoire / Pre-operative diagnosis:

SUPPURATIVE APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

GANGRENOUS APPENDICITIS.

Opération / Operation:

OPEN APPENDECTOMY WITH PELVIC LAVAGE.

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

Anesthésie / Anesthesia: General anesthesia

Historique et constatations opératoires / History and operative findings:

A 10-year-old male with 2 days history of abdominal pain with vomiting. Failed conservative management for gastroenteritis. Imaging: CT scan confirming appendicitis.

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

Patient in supine position. General anesthesia with nitrous oxide administered. Time-out was performed and abdomen prepped in sterile fashion. We create a 1 cm infraumbilical incision and enter the abdomen using the Hasson technique. Three trocars in total are used for laparoscopic access. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. Appendix was perforated and surrounded by A large pelvic abscess was present and evacuated. and Fibrinous adhesions were lysed during the procedure. No need for drains postoperatively. Dissection is carried out to isolate the base of the appendix. Appendiceal vessels controlled with clips. Absorbable ligatures are applied prior to amputation. Specimen placed in EndoCatch bag for removal. We irrigate the abdominal cavity copiously with warm saline until the effluent is clear. Umbilical port site is closed with Vicryl 2-0 and skin with subcuticular Vicryl 4-0.

Repeat CBC and CRP postoperatively. Incidental Meckel's diverticulum found and left in situ. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-OFYFRB-12608