PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Montreal Children's Date: 2024-08-24 18:52

Anesthésiste / Anesthetist: Dr. Paul Anderson

Chirurgien / Surgeon: Dr. Sarah Johnson

Assistant(s): Dr. resident Jake Turner

Diagnostic préopératoire / Pre-operative diagnosis:

SUPPURATIVE APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH PERITONEAL CONTAMINATION.

Opération / Operation:

OPEN APPENDECTOMY WITH PELVIC LAVAGE.

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

Anesthésie / Anesthesia: General anesthesia and epidural block

Historique et constatations opératoires / History and operative findings:

A 6-year-old female with one week history of right lower quadrant pain. Failed conservative management for food poisoning. Imaging: ultrasound suggestive of appendicitis. Past medical history is otherwise unremarkable.

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. A small infraumbilical incision is made and the abdominal cavity is entered under direct vision. 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. Operative findings included sclerotic appendix and persistent inflammation. Multiple small abscesses were encountered. The omentum was wrapped around the inflamed appendix. Minor bleeding controlled with cautery. Meticulous dissection performed due to distorted anatomy. The appendiceal artery is ligated and divided. The appendix is ligated at its base with two absorbable sutures and then amputated. Specimen placed in EndoCatch bag for removal. Thorough irrigation of the abdominal cavity is performed, removing all purulent material. We close the fascia with Polysorb 2-0 in a interrupted fashion. Skin is approximated with subcuticular Monocryl 4-0.

Repeat CBC and CRP postoperatively. No intraoperative complications occurred. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-ZFK5CX-11615