PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Charles-LeMoyne Date: 2024-12-11 04:18

Anesthésiste / Anesthetist: Dr. Michael Brown

Chirurgien / Surgeon: Dr. Aisha Patel

Assistant(s): Dr. resident Sophia Lee

Diagnostic préopératoire / Pre-operative diagnosis:

LOCALIZED PERITONITIS SECONDARY TO APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

PHLEGMONOUS APPENDICITIS.

Opération / Operation:

OPEN APPENDECTOMY.

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

Anesthésie / Anesthesia: General anesthesia with local infiltration

Historique et constatations opératoires / History and operative findings:

3-year-old male with 1 day abdominal pain. Treated for Crohn's disease; symptoms persisted. Imaging: ultrasound suggestive of appendicitis.

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. A vertical infraumbilical incision is made and carried down to the fascia which is incised sharply. 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, diffuse adhesions noted. Appendix appeared friable, surrounded by severe inflammatory reaction. Abscess cavity found in RLQ and irrigated. Minimal adhesions were noted. Minor bleeding controlled with cautery. We carefully dissect the inflammatory mass and identify the thick-walled appendix. The mesoappendix is dissected and the appendiceal artery is controlled with electrocautery. 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. We close the fascia with Ethibond 2-0 in a interrupted fashion. Skin is approximated with interrupted nylon 4-0.

IV fluids and pain management as per protocol. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-DCRGIG-13004