

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU Sainte-Justine

Date: 2023-11-30 17:55

Anesthésiste / Anesthetist: Dr. Lisa Garcia

Chirurgien / Surgeon: Dr. Aisha Patel

Assistant(s): Dr. resident Lucas Martin

Diagnostic préopératoire / Pre-operative diagnosis:

APPENDICITIS WITH SEPSIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH SEPSIS.

Opération / Operation:

OPEN APPENDECTOMY WITH PELVIC LAVAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendicolith

Anesthésie / Anesthesia: General anesthesia with mask induction

Historique et constatations opératoires / History and operative findings:

8-year-old male with one week abdominal pain, markedly elevated WBC, elevated CRP, low-grade fever. Imaging: MRI demonstrating RLQ inflammation. recent travel.

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

Patient in supine position. General anesthesia and epidural block 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. Accessory port placed in epigastric region. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, moderate adhesions noted. The surgical field demonstrated suppurative appendix with minimal surrounding inflammation. A moderate amount of purulent material was present in the pelvis. Severe adhesions required careful lysis. We proceed with careful dissection of the appendiceal attachments. We dissect the mesentery of the appendix and use the electrocautery to coagulate the artery. Endoscopic stapling is used for appendiceal division. Specimen placed in EndoCatch bag for removal. We lavage the abdomen extensively, paying particular attention to the pelvis and right gutter. All port sites closed with non-absorbable Prolene 4-0.

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

Case ID: CASE-TBD710-13951