

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Jewish General Hospital

Date: 2024-10-20 06:25

Anesthésiste / Anesthetist: Dr. John Evans

Chirurgien / Surgeon: Dr. Victor Chen

Assistant(s): Dr. resident Sophia Lee

Diagnostic préopératoire / Pre-operative diagnosis:

PERFORATED APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH MESENTERIC LYMPHADENITIS.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY WITH IRRIGATION AND DRAINAGE.

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

Anesthésie / Anesthesia: General anesthesia and epidural block

Historique et constatations opératoires / History and operative findings:

Pediatric patient (1, female) presenting with acute onset abdominal pain with diarrhea. History: recent travel. Imaging confirmed appendicitis.

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. A small infraumbilical incision is made and the abdominal cavity is entered under direct vision. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, minimal adhesions noted. The appendix was necrotic with intense inflammation. Purulent fluid was noted throughout the abdominal cavity. The omentum was wrapped around the inflamed appendix. Small serosal tear repaired intraoperatively. Meticulous dissection performed due to distorted anatomy. The appendiceal mesentery is carefully taken down with harmonic scalpel. The appendix is ligated at its base with two absorbable sutures and then amputated. 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 3-0 and skin with interrupted nylon 4-0.

Monitor for signs of infection; advance diet as tolerated. No need for drains postoperatively. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-7M1KP9-11690