

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Royal Victoria Hospital

Date: 2024-05-12 00:06

Anesthésiste / Anesthetist: Dr. Camille Roy

Chirurgien / Surgeon: Dr. Olivia Davis

Assistant(s): Dr. resident Lucas Martin

Diagnostic préopératoire / Pre-operative diagnosis:

APPENDICITIS WITH FREE FLUID.

Diagnostic postopératoire / Post-operative diagnosis:

GANGRENOUS APPENDICITIS.

Opération / Operation:

APPENDECTOMY WITH INTRA-ABDOMINAL DRAINAGE.

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

Anesthésie / Anesthesia: General anesthesia with caudal block

Historique et constatations opératoires / History and operative findings:

A 12-year-old male with 1 day history of abdominal pain with rebound tenderness. Failed conservative management for intussusception. Imaging: ultrasound reporting lymphadenopathy.

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

Patient in supine position. Total intravenous anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. Direct trocar insertion after skin and fascia incision. Single-incision laparoscopic port is used. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, diffuse adhesions noted. Appendix appeared thick-walled, surrounded by extensive inflammatory reaction. Purulent fluid was noted throughout the abdominal cavity. The omentum was wrapped around the inflamed appendix. We carefully dissect the inflammatory mass and identify the necrotic appendix. The mesoappendix is divided using a bipolar energy device. We secure the appendiceal base with two Endoloops and transect between them. 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 Vicryl 2-0 in an interrupted fashion. Skin is approximated with Dermabond. No evidence of peritoneal carcinomatosis.

Repeat CBC and CRP postoperatively. Patient tolerated procedure well. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-P5M3W1-12300