

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: MCH

Date: 2024-11-10 14:17

Anesthésiste / Anesthetist: Dr. Michael Brown

Chirurgien / Surgeon: Dr. Aisha Patel

Assistant(s): Dr. resident Fatima Sheikh

Diagnostic préopératoire / Pre-operative diagnosis:

APPENDICITIS WITH SEPSIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH BOWEL OBSTRUCTION.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY.

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

Anesthésie / Anesthesia: Total intravenous anesthesia

Historique et constatations opératoires / History and operative findings:

A 1-year-old non-binary with 2 days history of abdominal pain with elevated WBC. Failed conservative management for intussusception. Imaging: ultrasound showing appendicitis.

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. Incision is made in left lower quadrant for open conversion. Three trocars in total are used for laparoscopic access. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, minimal adhesions noted. Appendix appeared ruptured, surrounded by localized inflammatory reaction. Purulent fluid was noted throughout the abdominal cavity. Severe adhesions required careful lysis. Patient tolerated procedure well. The appendix is mobilized using a combination of sharp and blunt dissection. We dissect the mesentery of the appendix and use the electrocautery to coagulate the artery. We secure the appendiceal base with two Endoloops and transect between them. Specimen placed in EndoCatch bag for removal. Thorough irrigation of the abdominal cavity is performed, removing all purulent material. Fascial closure is performed at the umbilical site using PDS 3-0. The skin is closed with Dermabond. No technical difficulties encountered during surgery.

Postoperative imaging if fever persists. No evidence of malignancy. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-RXHVER-11451