

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital de Verdun

Date: 2024-04-01 12:58

Anesthésiste / Anesthetist: Dr. Patricia Wong

Chirurgien / Surgeon: Dr. Aisha Patel

Assistant(s): Dr. resident Ethan Wright

Diagnostic préopératoire / Pre-operative diagnosis:

APPENDICITIS WITH INTUSSUSCEPTION.

Diagnostic postopératoire / Post-operative diagnosis:

GANGRENOUS APPENDICITIS.

Opération / Operation:

APPENDECTOMY WITH INTRA-ABDOMINAL DRAINAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with surrounding lymph nodes

Anesthésie / Anesthesia: General anesthesia with mask induction

Historique et constatations opératoires / History and operative findings:

A 3-year-old female who presented with abdominal pain with palpable mass. Initially evaluated 2 days prior and diagnosed with viral syndrome. Now has elevated WBC, elevated CRP, low-grade fever. Imaging: CT scan showing peri-appendiceal fluid.

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

Patient in supine position. General anesthesia with nitrous oxide 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. Single-incision laparoscopic port is used. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. The appendix was distended with persistent inflammation. Abscess cavity found in RLQ and irrigated. Multiple bowel loops adherent to the mass. Incidental Meckel's diverticulum found and left in situ. Blunt dissection is used to free the appendix from surrounding structures. We dissect the mesentery of the appendix and use the electrocautery to coagulate the artery. Absorbable ligatures are applied prior to amputation. Specimen placed in EndoCatch bag for removal. We lavage the abdomen extensively, paying particular attention to the pelvis and right gutter. Fascial closure is performed at the umbilical site using Vicryl 2-0. The skin is closed with subcuticular Vicryl 4-0.

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

Case ID: CASE-57AB3Y-11215