PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Shriners Hospitals for Children Date: 2024-09-21 10:54

Anesthésiste / Anesthetist: Dr. Patricia Wong
Chirurgien / Surgeon: Dr. Martin Levesque
Assistant(s): Dr. resident Maya Singh

Diagnostic préopératoire / Pre-operative diagnosis:
LOCALIZED PERITONITIS SECONDARY TO APPENDICITIS.
Diagnostic postopératoire / Post-operative diagnosis:
APPENDICITIS WITH HEMORRHAGE.

Opération / Operation:
APPENDECTOMY WITH REMOVAL OF APPENDICOLITH.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and abscess wall
Anesthésie / Anesthesia: General endotracheal anesthesia

Historique et constatations opératoires / History and operative findings:

Patient (16 years, male) presented with abdominal pain and constipation, normal WBC, high CRP. Imaging: ultrasound with non-visualized appendix and secondary signs.

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. Direct trocar insertion after skin and fascia incision. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. The surgical field demonstrated necrotic appendix with extensive surrounding inflammation. A large pelvic abscess was present and evacuated. Mild adhesions between bowel loops observed. We proceed with careful dissection of the appendiceal attachments. The mesoappendix is divided using a bipolar energy device. The base of the appendix is healthy and we place three EndoLoops - two proximal and one distal - before transecting the appendix. Specimen placed in EndoCatch bag for removal. Thorough irrigation of the abdominal cavity is performed, removing all purulent material. We close the fascia at the umbilical port with figure-of-eight sutures of Ethibond 2-0 and the skin with subcuticular Monocryl 4-0.

Consult infectious disease if antibiotics need adjustment. No evidence of malignancy. The patient tolerated the procedure well with minimal blood loss.