PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Montreal Children's Date: 2024-10-27 10:10

Anesthésiste / Anesthetist: Dr. Rachel Stein

Chirurgien / Surgeon: Dr. Samuel Lee

Assistant(s): Dr. resident Chloe Nguyen

Diagnostic préopératoire / Pre-operative diagnosis:

APPENDICITIS WITH INTUSSUSCEPTION.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH BOWEL OBSTRUCTION.

Opération / Operation:

APPENDECTOMY WITH INTRA-ABDOMINAL DRAINAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendicolith

Anesthésie / Anesthesia: General anesthesia with nitrous oxide

Historique et constatations opératoires / History and operative findings:

10-year-old male with several hours abdominal pain. Treated for viral syndrome; symptoms persisted. Imaging: MRI showing bowel wall thickening.

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

Patient in supine position. General anesthesia with local infiltration administered. Time-out was performed and abdomen prepped in sterile fashion. We create a 1 cm infraumbilical incision and enter the abdomen using the Hasson technique. We place two additional trocars, one in the suprapubic region and one in the left lower quadrant, both under direct vision. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. The appendix was acutely inflamed with patchy inflammation. A large pelvic abscess was present and evacuated. Mild adhesions between bowel loops observed. Appendix is isolated after adhesiolysis. Mesenteric vessels to the appendix are secured prior to removal. We apply an endoscopic stapler to the base of the appendix and divide it. 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 Maxon 2-0 in a interrupted fashion. Skin is approximated with subcuticular Monocryl 4-0.

Patient to receive postoperative IV antibiotics with monitoring for return of bowel function. No need for drains postoperatively. The patient tolerated the procedure well with minimal blood loss.