

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Shriners Hospitals for Children

Date: 2025-03-07 18:17

Anesthésiste / Anesthetist: Dr. Kevin Zhang

Chirurgien / Surgeon: Dr. Martin Levesque

Assistant(s): Dr. resident Chloe Nguyen

Diagnostic préopératoire / Pre-operative diagnosis:

RUPTURED APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH LOCALIZED PERITONITIS.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix

Anesthésie / Anesthesia: General anesthesia with caudal block

Historique et constatations opératoires / History and operative findings:

Pediatric patient (7, non-binary) presenting with acute onset abdominal pain with vomiting. History: family history of appendicitis. Imaging confirmed appendicitis.

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

Patient in supine position. General anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. A small infraumbilical incision is made and the abdominal cavity is entered under direct vision. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. The appendix was perforated with intense inflammation. There was a contained abscess in the right lower quadrant. No abnormal adhesions found. Surrounding omentum and bowel are separated from the inflammatory mass. The mesoappendix is dissected and the appendiceal artery is controlled with electrocautery. The appendix is ligated at its base with two absorbable sutures and then amputated. 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 Maxon 2-0. The skin is closed with subcuticular Monocryl 4-0. No evidence of malignancy.

Patient to receive postoperative IV antibiotics with monitoring for return of bowel function. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-AG9SN0-12565