

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Shriners Hospitals for Children

Date: 2024-11-02 04:48

Anesthésiste / Anesthetist: Dr. Claire Dubois

Chirurgien / Surgeon: Dr. Isabelle Girard

Assistant(s): Dr. resident Emily Clark

Diagnostic préopératoire / Pre-operative diagnosis:

APPENDICITIS WITH INTUSSUSCEPTION.

Diagnostic postopératoire / Post-operative diagnosis:

PHLEGMONOUS APPENDICITIS.

Opération / Operation:

LAPAROSCOPIC CONVERTED TO OPEN APPENDECTOMY.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with attached omentum

Anesthésie / Anesthesia: General anesthesia with local infiltration

Historique et constatations opératoires / History and operative findings:

Pediatric patient (6, male) presenting with acute onset abdominal pain and constipation. History: family history of appendicitis. Imaging confirmed appendicitis. Past medical history is otherwise unremarkable.

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

Patient in supine position. General anesthesia with mask induction 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, moderate adhesions noted. The surgical field demonstrated thick-walled appendix with extensive surrounding inflammation. No abscess, but turbid fluid present. Severe adhesions required careful lysis. 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. Irrigation performed with antibiotic solution. All port sites closed with interrupted nylon 4-0. No need for drains postoperatively.

Discharge home when tolerating oral intake and afebrile. Incidental Meckel's diverticulum found and left in situ. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-OHBJJG-10611