

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Royal Victoria Hospital

Date: 2024-05-29 19:34

Anesthésiste / Anesthetist: Dr. Amélie Moreau

Chirurgien / Surgeon: Dr. Olivia Davis

Assistant(s): Dr. resident Leo Morel

Diagnostic préopératoire / Pre-operative diagnosis:

APPENDICITIS WITH FREE FLUID.

Diagnostic postopératoire / Post-operative diagnosis:

PERFORATED APPENDICITIS.

Opération / Operation:

OPEN APPENDECTOMY WITH PELVIC LAVAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and inflamed tissue

Anesthésie / Anesthesia: General endotracheal anesthesia

Historique et constatations opératoires / History and operative findings:

Patient (14 years, non-binary) presented with abdominal pain with lethargy, elevated WBC, high CRP. Imaging: ultrasound suggestive of appendicitis.

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 small infraumbilical incision is made and the abdominal cavity is entered under direct vision. Accessory port placed in epigastric region. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. Appendix appeared perforated, surrounded by mild inflammatory reaction. Abscess cavity found in RLQ and irrigated. The omentum was wrapped around the inflamed appendix. Ovaries and uterus normal in female patients. Dissection is carried out to isolate the base of the appendix. The mesoappendix is dissected and the appendiceal artery is controlled with electrocautery. Absorbable ligatures are applied prior to amputation. Specimen placed in EndoCatch bag for removal. Abdominal lavage performed until clear. We close the fascia at the umbilical port with figure-of-eight sutures of Ethibond 2-0 and the skin with Dermabond.

Monitor wound sites for infection. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-TFIJNK-13670