PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: MCH Date: 2024-11-19 13:23

Anesthésiste / Anesthetist: Dr. Lisa Garcia
Chirurgien / Surgeon: Dr. Olivia Davis
Assistant(s): Dr. resident Sophia Lee

Diagnostic préopératoire / Pre-operative diagnosis:
SUPPURATIVE APPENDICITIS.
Diagnostic postopératoire / Post-operative diagnosis:
APPENDICITIS WITH PERITONEAL CONTAMINATION.

Opération / Operation:
LAPAROSCOPIC APPENDECTOMY WITH OMENTAL WRAPPING.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with attached omentum
Anesthésie / Anesthesia: General anesthesia and epidural block

Historique et constatations opératoires / History and operative findings:

Pediatric patient (16, non-binary) presenting with acute onset abdominal pain with rebound tenderness. History: history of constipation. Imaging confirmed 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. 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. Findings include shrunken appendix with severe inflammatory changes. Multiple small abscesses were encountered. Multiple bowel loops adherent to the mass. No technical difficulties encountered during surgery. We carefully dissect the inflammatory mass and identify the distended appendix. 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. We close the fascia at the umbilical port with figure-of-eight sutures of Vicryl 2-0 and the skin with Dermabond.

We will continue current antibiotic regimen and begin enteral feeds when bowel function returns. The patient tolerated the procedure well with minimal blood loss.