

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Montreal Children's

Date: 2024-06-04 23:36

Anesthésiste / Anesthetist: Dr. Lisa Garcia

Chirurgien / Surgeon: Dr. Martin Levesque

Assistant(s): Dr. resident Marc Gagnon

Diagnostic préopératoire / Pre-operative diagnosis:

ACUTE APPENDICITIS WITH PERITONITIS.

Diagnostic postopératoire / Post-operative diagnosis:

SUPPURATIVE APPENDICITIS.

Opération / Operation:

OPEN APPENDECTOMY WITH PELVIC LAVAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and abscess wall

Anesthésie / Anesthesia: General anesthesia with nitrous oxide

Historique et constatations opératoires / History and operative findings:

Pediatric patient (1, male) presenting with acute onset abdominal pain and constipation. History: previous similar episode. Imaging confirmed appendicitis.

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. Transverse infraumbilical incision is performed and access gained via blunt dissection. Two working ports are established in the right and left lower quadrants. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, minimal adhesions noted. The surgical field demonstrated thick-walled appendix with mild surrounding inflammation. There was a contained abscess in the right lower quadrant. Severe adhesions required careful lysis. No bowel injury noted. The appendix is mobilized using a combination of sharp and blunt dissection. The mesoappendix is dissected and the appendiceal artery is controlled with electrocautery. Endoscopic stapling is used for appendiceal division. Specimen placed in EndoCatch bag for removal. Irrigation performed with antibiotic solution. Umbilical port site is closed with Maxon 2-0 and skin 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-MOGP1U-10883