PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: St. Mary's Hospital Date: 2024-07-28 12:13

Anesthésiste / Anesthetist: Dr. Paul Anderson

Chirurgien / Surgeon: Dr. Ahmed Khan

Assistant(s): Dr. resident Leo Morel

Diagnostic préopératoire / Pre-operative diagnosis:

COMPLICATED APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH PELVIC ABSCESS.

Opération / Operation:

LAPAROSCOPIC CONVERTED TO OPEN APPENDECTOMY.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendicolith

Anesthésie / Anesthesia: General anesthesia with regional block

Historique et constatations opératoires / History and operative findings:

Patient (12 years, female) presented with abdominal pain with elevated WBC, markedly elevated WBC, high CRP. Imaging: ultrasound suggestive of appendicitis. Past medical history is otherwise unremarkable.

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

Patient in supine position. General anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. Incision is made in left lower quadrant for open conversion. 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. Appendix was friable and surrounded by A large pelvic abscess was present and evacuated. and Multiple bowel loops adherent to the mass. The appendix is mobilized using a combination of sharp and blunt dissection. The appendiceal mesentery is carefully taken down with harmonic scalpel. We apply an endoscopic stapler to the base of the appendix and divide it. Specimen placed in EndoCatch bag for removal. We irrigate the abdominal cavity copiously with warm saline until the effluent is clear. The umbilical fascia is reapproximated with interrupted Ethibond 2-0 sutures. Skin incisions are closed with interrupted nylon 4-0.

Postoperative imaging if fever persists. No intraoperative complications occurred. The patient tolerated the procedure well with minimal blood loss.