

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Royal Victoria Hospital

Date: 2024-04-23 09:53

Anesthésiste / Anesthetist: Dr. David Smith

Chirurgien / Surgeon: Dr. Daniel Fortin

Assistant(s): Dr. resident Jake Turner

Diagnostic préopératoire / Pre-operative diagnosis:

PERFORATED APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH PELVIC ABSCESS.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY WITH IRRIGATION AND DRAINAGE.

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

Anesthésie / Anesthesia: General anesthesia and epidural block

Historique et constatations opératoires / History and operative findings:

A 10-year-old female who presented with RLQ tenderness and guarding. Initially evaluated 3 days prior and diagnosed with IBD. Now has markedly elevated WBC, elevated CRP, no fever. Imaging: ultrasound suggestive of appendicitis. Recent travel history may be relevant.

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

Patient in supine position. General endotracheal anesthesia 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, moderate adhesions noted. The surgical field demonstrated hyperemic appendix with fluctuating surrounding inflammation. Abscess cavity found in RLQ and irrigated. Mild adhesions between bowel loops observed. No evidence of malignancy. The appendix is mobilized using a combination of sharp and blunt dissection. Appendiceal vessels controlled with clips. Base of appendix secured with purse-string suture prior to removal. Specimen placed in EndoCatch bag for removal. Abdominal lavage performed until clear. We close the fascia with Vicryl 2-0 in a interrupted fashion. Skin is approximated with interrupted nylon 4-0. No evidence of malignancy.

Pain control with acetaminophen and morphine as needed. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-SDHD1R-13636