PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU de Québec Date: 2024-06-07 00:40

Anesthésiste / Anesthetist: Dr. John Evans
Chirurgien / Surgeon: Dr. Samuel Lee
Assistant(s): Dr. resident John Paul

Diagnostic préopératoire / Pre-operative diagnosis:
SUPPURATIVE APPENDICITIS.
Diagnostic postopératoire / Post-operative diagnosis:
PERFORATED APPENDICITIS.

Opération / Operation:
OPEN APPENDECTOMY WITH PELVIC LAVAGE.

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

Historique et constatations opératoires / History and operative findings:

A 12-year-old non-binary with one week history of abdominal pain with palpable mass. Failed conservative management for intussusception. Imaging: CT scan revealing free fluid. Past medical history is otherwise unremarkable.

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

Patient in supine position. Total intravenous anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. Incision is made in left lower quadrant for open conversion. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, diffuse adhesions noted. The surgical field demonstrated hyperemic appendix with extensive surrounding inflammation. No pus or abscess formation found. No significant adhesions. Minimal intraoperative blood loss. Meticulous dissection performed due to distorted anatomy. We dissect the mesentery of the appendix and use the electrocautery to coagulate the artery. Absorbable ligatures are applied prior to amputation. Specimen placed in EndoCatch bag for removal. Irrigation performed with antibiotic solution. We close the fascia with Vicryl 2-0 in a interrupted fashion. Skin is approximated with interrupted silk 4-0.

We will continue current antibiotic regimen and begin enteral feeds when bowel function returns. No evidence of malignancy. The patient tolerated the procedure well with minimal blood loss.