PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: St. Mary's Hospital Date: 2024-07-31 03:13

Anesthésiste / Anesthetist: Dr. Camille Roy
Chirurgien / Surgeon: Dr. Ahmed Khan
Assistant(s): Dr. resident Jake Turner

Diagnostic préopératoire / Pre-operative diagnosis:
COMPLICATED APPENDICITIS.
Diagnostic postopératoire / Post-operative diagnosis:
PERFORATED APPENDICITIS WITH ABSCESS.

Opération / Operation:
LAPAROSCOPIC APPENDECTOMY WITH IRRIGATION AND DRAINAGE.

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

Historique et constatations opératoires / History and operative findings:

A 1-year-old male who presented with abdominal pain with diarrhea. Initially evaluated 3 days prior and diagnosed with IBD. Now has markedly elevated WBC, high CRP, no fever. Imaging: MRI demonstrating RLQ inflammation.

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

Patient in supine position. General anesthesia and epidural block administered. Time-out was performed and abdomen prepped in sterile fashion. We make an infraumbilical incision of 1 cm, dissect the subcutaneous tissue bluntly and penetrate the abdominal cavity via an open technique. Two working ports are established in the right and left lower quadrants. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, diffuse adhesions noted. Appendix appeared perforated, surrounded by marked inflammatory reaction. Purulent fluid was noted throughout the abdominal cavity. Dense adhesions were encountered during dissection. Bladder and ureters visualized, no injury. Meticulous dissection performed due to distorted anatomy. The appendiceal artery is ligated and divided. Base of appendix secured with purse-string suture prior to removal. Specimen placed in EndoCatch bag for removal. We lavage the abdomen extensively, paying particular attention to the pelvis and right gutter. The umbilical fascia is reapproximated with interrupted Maxon 2-0 sutures. Skin incisions are closed with Steri-Strips.

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

Case ID: CASE-KRSOCA-13286