PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: St. Mary's Hospital Date: 2024-11-02 04:27

Anesthésiste / Anesthetist: Dr. Camille Roy
Chirurgien / Surgeon: Dr. Isabelle Girard
Assistant(s): Dr. resident Emily Clark

Diagnostic préopératoire / Pre-operative diagnosis:
APPENDICITIS WITH ABSCESS.
Diagnostic postopératoire / Post-operative diagnosis:
APPENDICITIS WITH MESENTERIC LYMPHADENITIS.

Opération / Operation:
LAPAROSCOPIC CONVERTED TO OPEN APPENDECTOMY.

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 8-year-old female with several hours history of abdominal pain with elevated WBC. Failed conservative management for mesenteric adenitis. Imaging: ultrasound showing perforated appendicitis. 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. A small infraumbilical incision is made and the abdominal cavity is entered under direct vision. 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, minimal adhesions noted. Appendix was hyperemic and surrounded by A small localized abscess was found and drained. and The appendix was adhered to surrounding structures. Meticulous dissection performed due to distorted anatomy. The mesoappendix is dissected and the appendiceal artery is controlled with electrocautery. The appendix is ligated at its base with two absorbable sutures and then amputated. Specimen placed in EndoCatch bag for removal. Abdominal lavage performed until clear. We close the fascia with Vicryl 3-0 in a interrupted fashion. Skin is approximated with interrupted silk 4-0.

Repeat CBC and CRP postoperatively. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-TZ06B6-13769