

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Montreal Children's

Date: 2024-10-19 05:53

Anesthésiste / Anesthetist: Dr. Lisa Garcia

Chirurgien / Surgeon: Dr. Ahmed Khan

Assistant(s): Dr. resident Lucas Martin

Diagnostic préopératoire / Pre-operative diagnosis:

LOCALIZED PERITONITIS SECONDARY TO APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

ACUTE APPENDICITIS.

Opération / Operation:

APPENDECTOMY WITH LYSIS OF ADHESIONS.

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

Anesthésie / Anesthesia: General anesthesia

Historique et constatations opératoires / History and operative findings:

Patient (16 years, male) presented with abdominal pain with elevated WBC, markedly elevated WBC, elevated CRP. Imaging: ultrasound with non-visualized appendix and secondary signs. Recent travel history may be relevant.

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

Patient in supine position. General anesthesia with caudal 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. Accessory port placed in epigastric region. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, diffuse adhesions noted. The surgical field demonstrated acutely inflamed appendix with minimal surrounding inflammation. Abscess cavity found in RLQ and irrigated. Severe adhesions required careful lysis. Meticulous dissection performed due to distorted anatomy. We dissect the mesentery of the appendix and use the electrocautery to coagulate the artery. Endoscopic stapling is used for appendiceal division. Specimen placed in EndoCatch bag for removal. We irrigate the abdominal cavity copiously with warm saline until the effluent is clear. All port sites closed with subcuticular Vicryl 4-0.

Monitor for signs of infection; advance diet as tolerated. No bowel injury noted. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-RP50VZ-13866