

PREOPERATIVE DIAGNOSIS:, Acute
appendicitis.,POSTOPERATIVE DIAGNOSIS: , Acute
appendicitis, gangrenous.,PROCEDURE: ,
Appendectomy.,DESCRIPTION OF PROCEDURE: , The
patient was taken to the operating room under urgent
conditions. After having obtained an informed consent, he
was placed in the operating room and under anesthesia.
Followed by a time-out process, his abdominal wall was
prepped and draped in the usual fashion. Antibiotics had been
given prior to incision. A McBurney incision was performed
and it carried out through the peritoneal cavity. Immediately
there was purulent material seen in the area. Samples were
taken for culture and sensitivity of aerobic and anaerobic sets.
The appendix was markedly swollen particularly in its distal
three-fourth, where the distal appendix showed an abscess
formation and devitalization of the wall. There was quite a bit
of local peritonitis. The mesoappendix was clamped, divided
and ligated, and then the appendix was ligated and divided,
and the stump buried with a pursestring suture of Vicryl and
then a Z stitch. The area was abundantly irrigated with normal
saline and also the pelvis. The distal foot of small bowel had
been explored and because it delivered itself _____ the
incision and showed no pathology.,Then the peritoneal and
internal fascia were approximated with a suture of 0 Vicryl and
then the incision was closed in layers and after each layer the
wound was irrigated with normal saline. The skin was closed
with a combination of a subcuticular suture of fine Monocryl
followed by the application of Dermabond. The patient

tolerated the procedure well. Estimated blood loss was minimal, and the patient was sent to the recovery room for recovery in satisfactory condition.,