

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Notre-Dame

Date: 2023-10-27 06:14

Anesthésiste / Anesthetist: Dr. Claire Dubois

Chirurgien / Surgeon: Dr. Robert Tremblay

Assistant(s): Dr. resident Zoe Tremblay

Diagnostic préopératoire / Pre-operative diagnosis:

ACUTE APPENDICITIS WITH PERITONITIS.

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 mask induction

Historique et constatations opératoires / History and operative findings:

9-year-old female with 1 day abdominal pain, elevated WBC, elevated CRP, low-grade fever. Imaging: ultrasound showing perforated appendicitis. family history of appendicitis.

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

Patient in supine position. General anesthesia with nitrous oxide administered. Time-out was performed and abdomen prepped in sterile fashion. Direct trocar insertion after skin and fascia incision. 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, diffuse adhesions noted. Appendix appeared thick-walled, surrounded by localized inflammatory reaction. There was a contained abscess in the right lower quadrant. Fibrinous adhesions were lysed during the procedure. Surrounding omentum and bowel are separated from the inflammatory mass. The appendiceal artery is ligated and divided. The appendix is ligated at its base with two absorbable sutures and then amputated. Specimen placed in EndoCatch bag for removal. Thorough irrigation of the abdominal cavity is performed, removing all purulent material. We close the fascia with Maxon 2-0 in a interrupted fashion. Skin is approximated with interrupted nylon 4-0.

The patient will be continued on IV antibiotics and advanced to diet as tolerated. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-PP6M5L-13213