PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: St. Mary's Hospital Date: 2023-11-22 13:53

Anesthésiste / Anesthetist: Dr. Omar Fahmy
Chirurgien / Surgeon: Dr. Olivia Davis
Assistant(s): Dr. resident John Paul

Diagnostic préopératoire / Pre-operative diagnosis:
APPENDICITIS WITH SEPSIS.
Diagnostic postopératoire / Post-operative diagnosis:
APPENDICITIS WITH PELVIC ABSCESS.

Opération / Operation:
OPEN APPENDECTOMY WITH PELVIC LAVAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and peri-appendiceal tissue
Anesthésie / Anesthesia: General anesthesia with regional block

Historique et constatations opératoires / History and operative findings:

A 17-year-old male who presented with abdominal pain with fever. Initially evaluated 1 days prior and diagnosed with Crohn's disease. Now has normal WBC, elevated CRP, low-grade fever. Imaging: MRI demonstrating RLQ inflammation. Past medical history is otherwise unremarkable.

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

Patient in supine position. General anesthesia with local infiltration administered. Time-out was performed and abdomen prepped in sterile fashion. A vertical infraumbilical incision is made and carried down to the fascia which is incised sharply. Three trocars in total are used for laparoscopic access. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, minimal adhesions noted. Intraoperative examination revealed suppurative appendix. Abscess cavity found in RLQ and irrigated. Minimal adhesions were noted. The surrounding tissues showed patchy reaction. We proceed with careful dissection of the appendiceal attachments. Mesenteric vessels to the appendix are secured prior to removal. 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. Fascial closure is performed at the umbilical site using Vicryl 2-0. The skin is closed with interrupted nylon 4-0.

Early ambulation and supportive care recommended. The patient tolerated the procedure well with minimal blood loss.