PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: MCH Date: 2025-08-25 00:27

Anesthésiste / Anesthetist: Dr. Kevin Zhang
Chirurgien / Surgeon: Dr. Isabelle Girard
Assistant(s): Dr. resident Maya Singh

Diagnostic préopératoire / Pre-operative diagnosis:
COMPLICATED APPENDICITIS.
Diagnostic postopératoire / Post-operative diagnosis:
APPENDICITIS WITH PERITONEAL CONTAMINATION.

Opération / Operation:
APPENDECTOMY WITH LYSIS OF ADHESIONS.

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

Historique et constatations opératoires / History and operative findings:

2-year-old female with one week abdominal pain. Treated for constipation; symptoms persisted. Imaging: ultrasound showing phlegmonous appendicitis. Past medical history is otherwise unremarkable.

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

Patient in supine position. General endotracheal anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. Transverse infraumbilical incision is performed and access gained via blunt dissection. Two working ports are established in the right and left lower quadrants. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. The appendix was shrunken with mild inflammation. Purulent fluid was noted throughout the abdominal cavity. Dense adhesions were encountered during dissection. No unexpected findings. Dissection is carried out to isolate the base of the appendix. The appendiceal artery is ligated and divided. The base of the appendix is healthy and we place three EndoLoops - two proximal and one distal - before transecting the appendix. Specimen placed in EndoCatch bag for removal. Saline is used for thorough irrigation of all quadrants. The umbilical fascia is reapproximated with interrupted PDS 2-0 sutures. Skin incisions are closed with non-absorbable Prolene 4-0. Minimal intraoperative blood loss.

Consult infectious disease if antibiotics need adjustment. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-KFO453-12704