PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: MCH Date: 2025-03-02 12:49

Anesthésiste / Anesthetist: Dr. David Smith
Chirurgien / Surgeon: Dr. Isabelle Girard
Assistant(s): Dr. resident Carlos Mendez

Diagnostic préopératoire / Pre-operative diagnosis:
LOCALIZED PERITONITIS SECONDARY TO APPENDICITIS.
Diagnostic postopératoire / Post-operative diagnosis:
PERFORATED APPENDICITIS.

Opération / Operation:
LAPAROSCOPIC APPENDECTOMY WITH IRRIGATION AND DRAINAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with attached omentum
Anesthésie / Anesthesia: General anesthesia

Historique et constatations opératoires / History and operative findings:

A 2-year-old female who presented with abdominal pain with palpable mass. Initially evaluated 3 days prior and diagnosed with ovarian cyst. Now has markedly elevated WBC, normal CRP, no fever. Imaging: MRI showing bowel wall thickening. Past medical history is otherwise unremarkable.

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

Patient in supine position. Total intravenous anesthesia 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. Single-incision laparoscopic port is used. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, moderate adhesions noted. The surgical field demonstrated thick-walled appendix with marked surrounding inflammation. Abscess cavity found in RLQ and irrigated. No significant adhesions. We carefully dissect the inflammatory mass and identify the ruptured appendix. The mesoappendix is dissected and the appendiceal artery is controlled with electrocautery. Base of appendix secured with purse-string suture prior to removal. Specimen placed in EndoCatch bag for removal. Thorough irrigation of the abdominal cavity is performed, removing all purulent material. We close the fascia at the umbilical port with figure-of-eight sutures of Vicryl 3-0 and the skin with subcuticular Vicryl 4-0.

We will continue current antibiotic regimen and begin enteral feeds when bowel function returns. The patient tolerated the procedure well with minimal blood loss.