PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital de Verdun Date: 2024-09-07 20:23

Anesthésiste / Anesthetist: Dr. John Evans

Chirurgien / Surgeon: Dr. Marie-Claire Dubois

Assistant(s): Dr. resident Jake Turner

Diagnostic préopératoire / Pre-operative diagnosis:

LOCALIZED PERITONITIS SECONDARY TO APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

PHLEGMONOUS APPENDICITIS.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY WITH IRRIGATION AND DRAINAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with surrounding lymph nodes

Anesthésie / Anesthesia: General anesthesia with caudal block

Historique et constatations opératoires / History and operative findings:

11-year-old male with 3 days abdominal pain. Treated for renal colic; symptoms persisted. Imaging: CT scan showing peri-appendiceal fluid. 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 small infraumbilical incision is made and the abdominal cavity is entered under direct vision. Accessory port placed in epigastric region. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, moderate adhesions noted. Intraoperative examination revealed suppurative appendix. There was a contained abscess in the right lower quadrant. Dense adhesions were encountered during dissection. The surrounding tissues showed intense reaction. We proceed with careful dissection of the appendiceal attachments. 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. Copious irrigation is undertaken to ensure removal of all inflammatory debris. The umbilical fascia is reapproximated with interrupted Maxon 2-0 sutures. Skin incisions are closed with Dermabond. No evidence of peritoneal carcinomatosis.

Repeat CBC and CRP postoperatively. No unexpected findings. The patient tolerated the procedure well with minimal blood loss.