PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: St. Mary's Hospital Date: 2024-05-22 10:05

Anesthésiste / Anesthetist: Dr. Lisa Garcia
Chirurgien / Surgeon: Dr. Paul Lambert
Assistant(s): Dr. resident Ethan Wright

Diagnostic préopératoire / Pre-operative diagnosis:
PERFORATED APPENDICITIS.
Diagnostic postopératoire / Post-operative diagnosis:
PERFORATED APPENDICITIS.

Opération / Operation:
LAPAROSCOPIC APPENDECTOMY WITH DRAINAGE OF ABSCESS.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and inflamed tissue
Anesthésie / Anesthesia: General anesthesia with mask induction

Historique et constatations opératoires / History and operative findings:

Patient (11 years, female) presented with abdominal pain with fever, markedly elevated WBC, high CRP. Imaging: ultrasound suggestive of appendicitis. 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. 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, significant adhesions noted. Operative findings included hyperemic appendix and severe inflammation. A moderate amount of purulent material was present in the pelvis. Dense adhesions were encountered during dissection. Ovaries and uterus normal in female patients. Appendix is isolated after adhesiolysis. We dissect the mesentery of the appendix and use the electrocautery to coagulate the artery. We secure the appendiceal base with two Endoloops and transect between them. Specimen placed in EndoCatch bag for removal. Thorough irrigation of the abdominal cavity is performed, removing all purulent material. All port sites closed with subcuticular Vicryl 4-0. No need for drains postoperatively.

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

Case ID: CASE-NJDET0-10352