

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Notre-Dame

Date: 2024-06-30 08:48

Anesthésiste / Anesthetist: Dr. Julia Miller

Chirurgien / Surgeon: Dr. Victor Chen

Assistant(s): Dr. resident Zoe Tremblay

Diagnostic préopératoire / Pre-operative diagnosis:

ACUTE APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH EXTENSIVE ADHESIONS.

Opération / Operation:

OPEN APPENDECTOMY.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendicolith

Anesthésie / Anesthesia: General endotracheal anesthesia

Historique et constatations opératoires / History and operative findings:

Patient (13 years, male) presented with abdominal pain with lethargy, normal WBC, elevated CRP. Imaging: ultrasound suggestive of appendicitis.

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. Direct trocar insertion after skin and fascia incision. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, diffuse adhesions noted. Operative findings included acutely inflamed appendix and patchy inflammation. No abscess was identified. Mild adhesions between bowel loops observed. We carefully dissect the inflammatory mass and identify the phlegmonous appendix. The mesoappendix is divided using a bipolar energy device. The appendix is ligated at its base with two absorbable sutures and then amputated. Specimen placed in EndoCatch bag for removal. We lavage the abdomen extensively, paying particular attention to the pelvis and right gutter. Fascial closure is performed at the umbilical site using Vicryl 2-0. The skin is closed with interrupted silk 4-0.

Pain control with acetaminophen and morphine as needed. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-YPAD18-12160