

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU Sainte-Justine

Date: 2024-06-23 10:20

Anesthésiste / Anesthetist: Dr. Aisha Patel

Chirurgien / Surgeon: Dr. Daniel Fortin

Assistant(s): Dr. resident Leo Morel

Diagnostic préopératoire / Pre-operative diagnosis:

COMPLICATED APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

ACUTE APPENDICITIS.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY WITH IRRIGATION AND DRAINAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and peri-appendiceal tissue

Anesthésie / Anesthesia: Total intravenous anesthesia

Historique et constatations opératoires / History and operative findings:

A 15-year-old female who presented with abdominal pain with anorexia. Initially evaluated 3 days prior and diagnosed with Crohn's disease. Now has markedly elevated WBC, high CRP, high fever. Imaging: ultrasound showing phlegmonous appendicitis.

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

Patient in supine position. General anesthesia and epidural block 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. Appendix appeared friable, surrounded by moderate inflammatory reaction. No abscess, but turbid fluid present. The appendix was adhered to surrounding structures. Small serosal tear repaired intraoperatively. Surrounding omentum and bowel are separated from the inflammatory mass. The mesoappendix is divided using a bipolar energy device. We apply an endoscopic stapler to the base of the appendix and divide it. 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 Dermabond.

Patient will remain on IV antibiotics with gradual diet advancement as per surgery protocol. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-BG69LD-10670