

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Pierre-Boucher

Date: 2025-08-20 21:31

Anesthésiste / Anesthetist: Dr. Amélie Moreau

Chirurgien / Surgeon: Dr. Martin Levesque

Assistant(s): Dr. resident Maya Singh

Diagnostic préopératoire / Pre-operative diagnosis:

ACUTE APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

PHLEGMONOUS APPENDICITIS.

Opération / Operation:

OPEN APPENDECTOMY WITH PELVIC LAVAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and abscess wall

Anesthésie / Anesthesia: General anesthesia with mask induction

Historique et constatations opératoires / History and operative findings:

A 16-year-old male with one week history of right lower quadrant pain. Failed conservative management for mesenteric adenitis. Imaging: CT scan showing peri-appendiceal fluid.

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

Patient in supine position. General anesthesia with mask induction 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, extensive adhesions noted. Appendix appeared sclerotic, surrounded by intense inflammatory reaction. A large pelvic abscess was present and evacuated. Fibrinous adhesions were lysed during the procedure. Minimal intraoperative blood loss. Appendix is isolated after adhesiolysis. The mesoappendix is divided using a bipolar energy device. Endoscopic stapling is used for appendiceal division. Specimen placed in EndoCatch bag for removal. Irrigation performed with antibiotic solution. We close the fascia with PDS 3-0 in a interrupted fashion. Skin is approximated with interrupted silk 4-0.

Consult infectious disease if antibiotics need adjustment. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-K2KZPR-13306