

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU de Québec

Date: 2025-07-01 03:51

Anesthésiste / Anesthetist: Dr. Julia Miller

Chirurgien / Surgeon: Dr. Marie-Claire Dubois

Assistant(s): Dr. resident Fatima Sheikh

Diagnostic préopératoire / Pre-operative diagnosis:

APPENDICITIS WITH FREE FLUID.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH PELVIC ABSCESS.

Opération / Operation:

APPENDECTOMY WITH LYSIS OF ADHESIONS.

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

Anesthésie / Anesthesia: General anesthesia

Historique et constatations opératoires / History and operative findings:

Patient (1 years, female) presented with right lower quadrant pain, elevated WBC, normal CRP. Imaging: ultrasound suggestive of appendicitis. Recent travel history may be relevant.

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. Transverse infraumbilical incision is performed and access gained via blunt dissection. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, moderate adhesions noted. Intraoperative examination revealed friable appendix. Abscess cavity found in RLQ and irrigated. The omentum was wrapped around the inflamed appendix. The surrounding tissues showed marked reaction. Incidental Meckel's diverticulum found and left in situ. Appendix is isolated after adhesiolysis. The mesoappendix is dissected and the appendiceal artery is controlled with electrocautery. Base of appendix secured with purse-string suture prior to removal. Specimen placed in EndoCatch bag for removal. Copious irrigation is undertaken to ensure removal of all inflammatory debris. Fascial closure is performed at the umbilical site using Vicryl 3-0. The skin is closed with Steri-Strips.

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

Case ID: CASE-I1848Y-10047