PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital de Verdun Date: 2025-03-16 14:26

Anesthésiste / Anesthetist: Dr. Camille Roy
Chirurgien / Surgeon: Dr. Marie-Claire Dubois
Assistant(s): Dr. resident Ethan Wright

Diagnostic préopératoire / Pre-operative diagnosis:
APPENDICITIS WITH SEPSIS.
Diagnostic postopératoire / Post-operative diagnosis:
SUPPURATIVE APPENDICITIS.

Opération / Operation:
APPENDECTOMY WITH LYSIS OF ADHESIONS.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and mesoappendix
Anesthésie / Anesthesia: General anesthesia with caudal block

Historique et constatations opératoires / History and operative findings:

9-year-old female with 3 days abdominal pain. Treated for viral syndrome; symptoms persisted. Imaging: CT scan showing appendiceal abscess.

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

Patient in supine position. General anesthesia with regional 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, extensive adhesions noted. Intraoperative examination revealed friable appendix. Abscess cavity found in RLQ and irrigated. The appendix was adhered to surrounding structures. The surrounding tissues showed minimal reaction. No intraoperative complications occurred. 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 with Ethibond 2-0 in a interrupted fashion. Skin is approximated with interrupted silk 4-0. Bladder and ureters visualized, no injury.

We will continue current antibiotic regimen and begin enteral feeds when bowel function returns. No unexpected findings. The patient tolerated the procedure well with minimal blood loss.