

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Pierre-Boucher

Date: 2025-01-05 06:39

Anesthésiste / Anesthetist: Dr. Lisa Garcia

Chirurgien / Surgeon: Dr. Elena Rodriguez

Assistant(s): Dr. resident John Paul

Diagnostic préopératoire / Pre-operative diagnosis:

APPENDICITIS MIMICKING OVARIAN PATHOLOGY.

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 local infiltration

Historique et constatations opératoires / History and operative findings:

12-year-old non-binary with one week abdominal pain. Treated for gastroesophageal reflux; symptoms persisted. Imaging: CT scan revealing free fluid. Past medical history is otherwise unremarkable.

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. Transverse infraumbilical incision is performed and access gained via blunt dissection. Three trocars in total are used for laparoscopic access. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. Appendix appeared phlegmonous, surrounded by intense inflammatory reaction. No abscess, but turbid fluid present. The omentum was wrapped around the inflamed appendix. Small serosal tear repaired intraoperatively. Blunt dissection is used to free the appendix from surrounding structures. 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. We lavage the abdomen extensively, paying particular attention to the pelvis and right gutter. The umbilical fascia is reapproximated with interrupted Vicryl 3-0 sutures. Skin incisions are closed with subcuticular Monocryl 4-0. Small serosal tear repaired intraoperatively.

Repeat CBC and CRP postoperatively. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-002NKL-12672