

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Notre-Dame

Date: 2024-02-06 19:21

Anesthésiste / Anesthetist: Dr. Rachel Stein

Chirurgien / Surgeon: Dr. Daniel Fortin

Assistant(s): Dr. resident Emily Clark

Diagnostic préopératoire / Pre-operative diagnosis:

COMPLICATED APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH HEMORRHAGE.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY WITH IRRIGATION AND DRAINAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendicolith

Anesthésie / Anesthesia: General anesthesia with mask induction

Historique et constatations opératoires / History and operative findings:

1-year-old male with one week abdominal pain, markedly elevated WBC, high CRP, high fever. Imaging: ultrasound showing appendicitis. recent antibiotic use.

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

Patient in supine position. General anesthesia with local infiltration administered. Time-out was performed and abdomen prepped in sterile fashion. Transverse infraumbilical incision is performed and access gained via blunt dissection. Two working ports are established in the right and left lower quadrants. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. Appendix appeared necrotic, surrounded by marked inflammatory reaction. Multiple small abscesses were encountered. Mild adhesions between bowel loops observed. Surrounding omentum and bowel are separated from the inflammatory mass. The appendiceal artery is ligated and divided. The base of the appendix is healthy and we place three EndoLoops - two proximal and one distal - before transecting the appendix. Specimen placed in EndoCatch bag for removal. We lavage the abdomen extensively, paying particular attention to the pelvis and right gutter. We close the fascia at the umbilical port with figure-of-eight sutures of Vicryl 2-0 and the skin with interrupted nylon 4-0.

Postoperative imaging if fever persists. No mesenteric ischemia. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-96Q7J2-13125