PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU de Québec Date: 2024-06-15 01:07

Anesthésiste / Anesthetist: Dr. Paul Anderson
Chirurgien / Surgeon: Dr. Aisha Patel
Assistant(s): Dr. resident Carlos Mendez

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

Opération / Operation:
APPENDECTOMY WITH REMOVAL OF APPENDICOLITH.

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

Historique et constatations opératoires / History and operative findings:

A 16-year-old non-binary who presented with abdominal pain with elevated WBC. Initially evaluated 1 days prior and diagnosed with mesenteric adenitis. Now has normal WBC, normal CRP, low-grade fever. Imaging: CT scan revealing free fluid. Past medical history is otherwise unremarkable. Recent travel history may be relevant.

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

Patient in supine position. General endotracheal anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. We create a 1 cm infraumbilical incision and enter the abdomen using the Hasson technique. Three trocars in total are used for laparoscopic access. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, minimal adhesions noted. The surgical field demonstrated perforated appendix with minimal surrounding inflammation. A small localized abscess was found and drained. The appendix was adhered to surrounding structures. Bladder and ureters visualized, no injury. The appendix is mobilized using a combination of sharp and blunt dissection. Appendiceal vessels controlled with clips. We secure the appendiceal base with two Endoloops and transect between them. Specimen placed in EndoCatch bag for removal. We irrigate the abdominal cavity copiously with warm saline until the effluent is clear. The umbilical fascia is reapproximated with interrupted Ethibond 2-0 sutures. Skin incisions are closed with non-absorbable Prolene 4-0.

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

Case ID: CASE-MDBIUC-11010