PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Maisonneuve-Rosemont Date: 2025-02-21 03:30

Anesthésiste / Anesthetist: Dr. John Evans
Chirurgien / Surgeon: Dr. Sophie Chen
Assistant(s): Dr. resident Anna Kim

Diagnostic préopératoire / Pre-operative diagnosis:
APPENDICITIS WITH ABSCESS.
Diagnostic postopératoire / Post-operative diagnosis:
APPENDICITIS WITH HEMORRHAGE.

Opération / Operation:
LAPAROSCOPIC APPENDECTOMY.

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

Historique et constatations opératoires / History and operative findings:

Patient (9 years, male) presented with abdominal pain with elevated WBC, markedly elevated WBC, high CRP. Imaging: CT scan showing peri-appendiceal fluid.

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. We create a 1 cm infraumbilical incision and enter the abdomen using the Hasson technique. We place two additional trocars, one in the suprapubic region and one in the left lower quadrant, both under direct vision. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. Intraoperative examination revealed gangrenous appendix. No pus or abscess formation found. Fibrinous adhesions were lysed during the procedure. The surrounding tissues showed localized reaction. No intraoperative complications occurred. The appendix is mobilized using a combination of sharp and blunt dissection. We dissect the mesentery of the appendix and use the electrocautery to coagulate the artery. We secure the appendiceal base with two Endoloops and transect between them. Specimen placed in EndoCatch bag for removal. Saline is used for thorough irrigation of all quadrants. Fascial closure is performed at the umbilical site using Vicryl 3-0. The skin is 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-QCLFOG-11892