

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital de Verdun

Date: 2024-12-22 15:20

Anesthésiste / Anesthetist: Dr. Camille Roy

Chirurgien / Surgeon: Dr. Robert Tremblay

Assistant(s): Dr. resident John Paul

Diagnostic préopératoire / Pre-operative diagnosis:

RUPTURED APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

PERFORATED APPENDICITIS.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and mesoappendix

Anesthésie / Anesthesia: General anesthesia and epidural block

Historique et constatations opératoires / History and operative findings:

Patient (14 years, non-binary) presented with abdominal pain and constipation, elevated WBC, high CRP. Imaging: MRI showing bowel wall thickening. Past medical history is otherwise unremarkable.

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

Patient in supine position. General anesthesia with mask induction administered. Time-out was performed and abdomen prepped in sterile fashion. A small infraumbilical incision is made and the abdominal cavity is entered under direct vision. Two working ports are established in the right and left lower quadrants. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, moderate adhesions noted. Findings include gangrenous appendix with marked inflammatory changes. There was a contained abscess in the right lower quadrant. Dense adhesions were encountered during dissection. Blunt dissection is used to free the appendix from surrounding structures. The appendiceal artery is ligated and divided. 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. Umbilical port site is closed with Ethibond 2-0 and skin with interrupted silk 4-0.

Pain control with acetaminophen and morphine as needed. No unexpected findings. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-QUWCYY-11557