

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Pierre-Boucher

Date: 2023-10-16 21:04

Anesthésiste / Anesthetist: Dr. Omar Fahmy

Chirurgien / Surgeon: Dr. Elena Rodriguez

Assistant(s): Dr. resident Lucas Martin

Diagnostic préopératoire / Pre-operative diagnosis:

ACUTE APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

ACUTE APPENDICITIS.

Opération / Operation:

APPENDECTOMY WITH REMOVAL OF APPENDICOLITH.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with attached omentum

Anesthésie / Anesthesia: General anesthesia with regional block

Historique et constatations opératoires / History and operative findings:

Pediatric patient (15, female) presenting with acute onset persistent vomiting and abdominal pain. History: history of constipation. Imaging confirmed appendicitis.

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. Transverse infraumbilical incision is performed and access gained via blunt dissection. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, minimal adhesions noted. Intraoperative examination revealed hyperemic appendix. A moderate amount of purulent material was present in the pelvis. Dense adhesions were encountered during dissection. The surrounding tissues showed persistent reaction. We proceed with careful dissection of the appendiceal attachments. The appendiceal mesentery is carefully taken down with harmonic scalpel. 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 irrigate the abdominal cavity copiously with warm saline until the effluent is clear. The umbilical fascia is reapproximated with interrupted PDS 2-0 sutures. Skin incisions are closed with interrupted nylon 4-0. Small serosal tear repaired intraoperatively.

We will continue current antibiotic regimen and begin enteral feeds when bowel function returns. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-PSAK43-13151