PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Notre-Dame

Date: 2024-09-28 22:02

Anesthésiste / Anesthetist: Dr. Julia Miller

Chirurgien / Surgeon: Dr. Sophie Chen

Assistant(s): Dr. resident Jake Turner

Diagnostic préopératoire / Pre-operative diagnosis:

COMPLICATED APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

COMPLICATED APPENDICITIS.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY WITH DRAINAGE OF ABSCESS.

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

Anesthésie / Anesthesia: General anesthesia with mask induction

Historique et constatations opératoires / History and operative findings:

6-year-old female with 1 day abdominal pain, elevated WBC, high CRP, low-grade fever. Imaging: CT scan confirming 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. Incision is made in left lower quadrant for open conversion. Three trocars in total are used for laparoscopic access. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, minimal adhesions noted. Findings include ruptured appendix with patchy inflammatory changes. A moderate amount of purulent material was present in the pelvis. Minimal adhesions were noted. No intraoperative complications occurred. We proceed with careful dissection of the appendiceal attachments. The appendiceal artery is ligated and divided. Base of appendix secured with purse-string suture prior to removal. Specimen placed in EndoCatch bag for removal. Copious irrigation is undertaken to ensure removal of all inflammatory debris. Umbilical port site is closed with Polysorb 2-0 and skin with Dermabond.

Consult infectious disease if antibiotics need adjustment. No need for drains postoperatively. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-SU8MM7-10808