

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: MCH

Date: 2025-09-28 17:25

Anesthésiste / Anesthetist: Dr. Amélie Moreau

Chirurgien / Surgeon: Dr. Aisha Patel

Assistant(s): Dr. resident Emily Clark

Diagnostic préopératoire / Pre-operative diagnosis:

RUPTURED APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH PELVIC ABSCESS.

Opération / Operation:

APPENDECTOMY WITH REMOVAL OF APPENDICOLITH.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendicolith

Anesthésie / Anesthesia: General anesthesia with regional block

Historique et constatations opératoires / History and operative findings:

Pediatric patient (15, female) presenting with acute onset abdominal pain with palpable mass. History: no prior abdominal surgery. Imaging confirmed appendicitis. Past medical history is otherwise unremarkable. Recent travel history may be relevant.

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. A vertical infraumbilical incision is made and carried down to the fascia which is incised sharply. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. Findings include sclerotic appendix with patchy inflammatory changes. A small localized abscess was found and drained. Mild adhesions between bowel loops observed. No intraoperative complications occurred. We carefully dissect the inflammatory mass and identify the shrunken appendix. The appendiceal mesentery is carefully taken down with harmonic scalpel. The appendix is ligated at its base with two absorbable sutures and then amputated. Specimen placed in EndoCatch bag for removal. We lavage the abdomen extensively, paying particular attention to the pelvis and right gutter. We close the fascia with PDS 3-0 in an interrupted fashion. Skin is approximated with non-absorbable Prolene 4-0.

Early ambulation and supportive care recommended. Incidental Meckel's diverticulum found and left in situ. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-2VPQ08-12301