

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Royal Victoria Hospital

Date: 2024-09-24 17:11

Anesthésiste / Anesthetist: Dr. Amélie Moreau

Chirurgien / Surgeon: Dr. Daniel Fortin

Assistant(s): Dr. resident John Paul

Diagnostic préopératoire / Pre-operative diagnosis:

SUPPURATIVE APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH LOCALIZED PERITONITIS.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendicolith

Anesthésie / Anesthesia: General anesthesia with regional block

Historique et constatations opératoires / History and operative findings:

A 13-year-old non-binary who presented with abdominal pain with diarrhea. Initially evaluated 1 days prior and diagnosed with food poisoning. Now has markedly elevated WBC, high CRP, high fever. 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 local infiltration 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. Accessory port placed in epigastric region. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. Intraoperative examination revealed thick-walled appendix. A small localized abscess was found and drained. Severe adhesions required careful lysis. The surrounding tissues showed mild reaction. Bladder and ureters visualized, no injury. Meticulous dissection performed due to distorted anatomy. Appendiceal vessels controlled with clips. Absorbable ligatures are applied prior to amputation. Specimen placed in EndoCatch bag for removal. Irrigation performed with antibiotic solution. We close the fascia with Maxon 2-0 in a interrupted fashion. Skin is approximated with Steri-Strips.

IV fluids and pain management as per protocol. No mesenteric ischemia. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-IOWPWE-11670