

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Notre-Dame

Date: 2023-11-24 22:24

Anesthésiste / Anesthetist: Dr. Camille Roy

Chirurgien / Surgeon: Dr. Paul Lambert

Assistant(s): Dr. resident Fatima Sheikh

Diagnostic préopératoire / Pre-operative diagnosis:

APPENDICITIS WITH ABSCESS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH EXTENSIVE ADHESIONS.

Opération / Operation:

APPENDECTOMY WITH REMOVAL OF APPENDICOLITH.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix

Anesthésie / Anesthesia: General anesthesia with caudal block

Historique et constatations opératoires / History and operative findings:

A 11-year-old female who presented with abdominal pain with distention. Initially evaluated 1 days prior and diagnosed with gastroesophageal reflux. Now has normal WBC, elevated CRP, low-grade fever. Imaging: CT scan showing peri-appendiceal fluid.

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. Transverse infraumbilical incision is performed and access gained via blunt dissection. We place two additional trocars, one in the suprapubic region and one in the left lower quadrant, both under direct vision. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. Appendix was suppurative and surrounded by No abscess was identified. and No significant adhesions. No intraoperative complications occurred. Blunt dissection is used to free the appendix from surrounding structures. The mesoappendix is divided using a bipolar energy device. Absorbable ligatures are applied prior to amputation. Specimen placed in EndoCatch bag for removal. Thorough irrigation of the abdominal cavity is performed, removing all purulent material. We close the fascia at the umbilical port with figure-of-eight sutures of Maxon 2-0 and the skin with Dermabond.

Monitor for signs of infection; advance diet as tolerated. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-M92YGO-10036