

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU de Québec

Date: 2025-03-05 16:49

Anesthésiste / Anesthetist: Dr. John Evans

Chirurgien / Surgeon: Dr. Elena Rodriguez

Assistant(s): Dr. resident Anna Kim

Diagnostic préopératoire / Pre-operative diagnosis:

LOCALIZED PERITONITIS SECONDARY TO APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH EXTENSIVE ADHESIONS.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY.

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

Anesthésie / Anesthesia: General anesthesia with caudal block

Historique et constatations opératoires / History and operative findings:

A 14-year-old non-binary who presented with abdominal pain after trauma. Initially evaluated 2 days prior and diagnosed with IBD. Now has markedly elevated WBC, elevated CRP, high fever. Imaging: ultrasound showing perforated 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. A vertical infraumbilical incision is made and carried down to the fascia which is incised sharply. Single-incision laparoscopic port is used. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. Appendix was ruptured and surrounded by Multiple small abscesses were encountered. and Dense adhesions were encountered during dissection. No mesenteric ischemia. Meticulous dissection performed due to distorted anatomy. The appendiceal mesentery is carefully taken down with harmonic scalpel. We secure the appendiceal base with two Endoloops and transect between them. Specimen placed in EndoCatch bag for removal. Irrigation performed with antibiotic solution. Umbilical port site is closed with Maxon 2-0 and skin with Steri-Strips.

Discharge home when tolerating oral intake and afebrile. Bladder and ureters visualized, no injury. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-48E2QH-10529