PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Charles-LeMoyne Date: 2024-10-14 13:52

Anesthésiste / Anesthetist: Dr. Camille Roy
Chirurgien / Surgeon: Dr. Olivia Davis
Assistant(s): Dr. resident Leo Morel

Diagnostic préopératoire / Pre-operative diagnosis:
COMPLICATED APPENDICITIS.
Diagnostic postopératoire / Post-operative diagnosis:
APPENDICITIS WITH MESENTERIC LYMPHADENITIS.

Opération / Operation:
OPEN APPENDECTOMY.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and mesoappendix
Anesthésie / Anesthesia: Total intravenous anesthesia

Historique et constatations opératoires / History and operative findings:

A 15-year-old non-binary who presented with RLQ tenderness and guarding. Initially evaluated 3 days prior and diagnosed with constipation. Now has elevated WBC, normal CRP, no fever. Imaging: CT scan confirming appendicitis. Past medical history is otherwise unremarkable.

Procédure(s) opératoire(s) / Operative procedure(s):

Patient in supine position. General anesthesia with nitrous oxide 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. Additional 5 mm trocars are placed in the right and left lower quadrants under laparoscopic guidance. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, diffuse adhesions noted. Appendix was hyperemic and surrounded by No pus or abscess formation found. and Multiple bowel loops adherent to the mass. Blunt dissection is used to free the appendix from surrounding structures. The mesoappendix is dissected and the appendiceal artery is controlled with electrocautery. The base of the appendix is healthy and we place three EndoLoops - two proximal and one distal - before transecting the appendix. Specimen placed in EndoCatch bag for removal. Thorough irrigation of the abdominal cavity is performed, removing all purulent material. Fascial closure is performed at the umbilical site using Polysorb 2-0. The skin is closed with subcuticular Monocryl 4-0.

We will continue current antibiotic regimen and begin enteral feeds when bowel function returns. The patient tolerated the procedure well with minimal blood loss.