

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Maisonneuve-Rosemont

Date: 2024-09-06 08:30

Anesthésiste / Anesthetist: Dr. Paul Anderson

Chirurgien / Surgeon: Dr. Elena Rodriguez

Assistant(s): Dr. resident Carlos Mendez

Diagnostic préopératoire / Pre-operative diagnosis:

PHLEGMONOUS APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH MESENTERIC LYMPHADENITIS.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and inflamed tissue

Anesthésie / Anesthesia: General anesthesia with mask induction

Historique et constatations opératoires / History and operative findings:

Patient (9 years, male) presented with persistent vomiting and abdominal pain, elevated WBC, high CRP. Imaging: MRI showing bowel wall thickening.

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

Patient in supine position. General anesthesia with caudal block administered. Time-out was performed and abdomen prepped in sterile fashion. We make an infraumbilical incision of 1 cm, dissect the subcutaneous tissue bluntly and penetrate the abdominal cavity via an open technique. Two working ports are established in the right and left lower quadrants. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, moderate adhesions noted. Operative findings included shrunken appendix and patchy inflammation. A small localized abscess was found and drained. Severe adhesions required careful lysis. No intraoperative complications occurred. The appendix is mobilized using a combination of sharp and blunt dissection. Appendiceal vessels controlled with clips. We apply an endoscopic stapler to the base of the appendix and divide it. Specimen placed in EndoCatch bag for removal. Saline is used for thorough irrigation of all quadrants. Umbilical port site is closed with Polysorb 2-0 and skin with non-absorbable Prolene 4-0. Small serosal tear repaired intraoperatively.

Repeat CBC and CRP postoperatively. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-2PZZTN-12684