

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital de Verdun

Date: 2024-05-19 19:58

Anesthésiste / Anesthetist: Dr. Thomas White

Chirurgien / Surgeon: Dr. Robert Tremblay

Assistant(s): Dr. resident Chloe Nguyen

Diagnostic préopératoire / Pre-operative diagnosis:

APPENDICITIS WITH FREE FLUID.

Diagnostic postopératoire / Post-operative diagnosis:

ACUTE APPENDICITIS.

Opération / Operation:

LAPAROSCOPIC CONVERTED TO OPEN APPENDECTOMY.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with surrounding lymph nodes

Anesthésie / Anesthesia: General anesthesia with local infiltration

Historique et constatations opératoires / History and operative findings:

Patient (11 years, male) presented with diffuse abdominal pain localizing to RLQ, normal WBC, normal CRP. Imaging: CT scan revealing free fluid. Past medical history is otherwise unremarkable.

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

Patient in supine position. General anesthesia with regional block 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. Three trocars in total are used for laparoscopic access. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, minimal adhesions noted. The surgical field demonstrated sclerotic appendix with mild surrounding inflammation. A small localized abscess was found and drained. Dense adhesions were encountered during dissection. We carefully dissect the inflammatory mass and identify the friable appendix. The mesoappendix is dissected and the appendiceal artery is controlled with electrocautery. The appendix is ligated at its base with two absorbable sutures and then amputated. Specimen placed in EndoCatch bag for removal. Thorough irrigation of the abdominal cavity is performed, removing all purulent material. We close the fascia with PDS 2-0 in an interrupted fashion. Skin is approximated with Dermabond.

Early ambulation and supportive care recommended. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-HM3N2E-10900