

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU de Québec

Date: 2023-10-21 01:11

Anesthésiste / Anesthetist: Dr. John Evans

Chirurgien / Surgeon: Dr. Elena Rodriguez

Assistant(s): Dr. resident Zoe Tremblay

Diagnostic préopératoire / Pre-operative diagnosis:

PERFORATED APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH EXTENSIVE ADHESIONS.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY WITH OMENTAL WRAPPING.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with attached omentum

Anesthésie / Anesthesia: General anesthesia

Historique et constatations opératoires / History and operative findings:

17-year-old male with 1 day abdominal pain. Treated for IBD; symptoms persisted. Imaging: ultrasound showing phlegmonous appendicitis.

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, minimal adhesions noted. Findings include suppurative appendix with minimal inflammatory changes. There was a contained abscess in the right lower quadrant. Dense adhesions were encountered during dissection. We carefully dissect the inflammatory mass and identify the friable appendix. The appendiceal artery is ligated and divided. We apply an endoscopic stapler to the base of the appendix and divide it. Specimen placed in EndoCatch bag for removal. Thorough irrigation of the abdominal cavity is performed, removing all purulent material. We close the fascia with Ethibond 2-0 in a interrupted fashion. Skin is approximated with subcuticular Monocryl 4-0.

Patient to receive postoperative IV antibiotics with monitoring for return of bowel function. Ovaries and uterus normal in female patients. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-99T9DO-12174