

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Royal Victoria Hospital

Date: 2025-03-16 14:38

Anesthésiste / Anesthetist: Dr. Julia Miller

Chirurgien / Surgeon: Dr. Sophie Chen

Assistant(s): Dr. resident Jennifer Park

Diagnostic préopératoire / Pre-operative diagnosis:

LOCALIZED PERITONITIS SECONDARY TO APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH PELVIC ABSCESS.

Opération / Operation:

LAPAROSCOPIC CONVERTED TO OPEN APPENDECTOMY.

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

Anesthésie / Anesthesia: General endotracheal anesthesia

Historique et constatations opératoires / History and operative findings:

A 8-year-old male with several hours history of abdominal pain after trauma. Failed conservative management for viral syndrome. Imaging: MRI demonstrating RLQ inflammation.

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

Patient in supine position. General anesthesia and epidural 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. Accessory port placed in epigastric region. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, diffuse adhesions noted. The surgical field demonstrated necrotic appendix with mild surrounding inflammation. A large pelvic abscess was present and evacuated. Severe adhesions required careful lysis. The appendix is mobilized using a combination of sharp and blunt dissection. The mesoappendix is divided using a bipolar energy device. We apply an endoscopic stapler to the base of the appendix and divide it. Specimen placed in EndoCatch bag for removal. Abdominal lavage performed until clear. All port sites closed with interrupted nylon 4-0.

Consult infectious disease if antibiotics need adjustment. Ovaries and uterus normal in female patients. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-TWSBB0-11296