

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU de Québec

Date: 2024-08-29 17:51

Anesthésiste / Anesthetist: Dr. John Evans

Chirurgien / Surgeon: Dr. Paul Lambert

Assistant(s): Dr. resident Anna Kim

Diagnostic préopératoire / Pre-operative diagnosis:

PHLEGMONOUS APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH HEMORRHAGE.

Opération / Operation:

LAPAROSCOPIC 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:

Pediatric patient (15, female) presenting with acute onset abdominal pain with fever. History: recent travel. Imaging confirmed appendicitis.

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 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. Operative findings included perforated appendix and minimal inflammation. A small localized abscess was found and drained. Severe adhesions required careful lysis. No technical difficulties encountered during surgery. We carefully dissect the inflammatory mass and identify the perforated appendix. Mesenteric vessels to the appendix are secured prior to removal. Base of appendix secured with purse-string suture prior to removal. Specimen placed in EndoCatch bag for removal. Thorough irrigation of the abdominal cavity is performed, removing all purulent material. We close the fascia with Vicryl 2-0 in a interrupted fashion. Skin is approximated with Dermabond.

Discharge home when tolerating oral intake and afebrile. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-Z2KNI2-12581