

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital de Verdun

Date: 2025-09-17 02:41

Anesthésiste / Anesthetist: Dr. Michael Brown

Chirurgien / Surgeon: Dr. Aisha Patel

Assistant(s): Dr. resident Jake Turner

Diagnostic préopératoire / Pre-operative diagnosis:

APPENDICITIS MIMICKING OVARIAN PATHOLOGY.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS MIMICKING OVARIAN PATHOLOGY.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix

Anesthésie / Anesthesia: General anesthesia with regional block

Historique et constatations opératoires / History and operative findings:

Patient (12 years, male) presented with diffuse abdominal pain localizing to RLQ, normal WBC, high CRP. Imaging: ultrasound showing 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 make an infraumbilical incision of 1 cm, dissect the subcutaneous tissue bluntly and penetrate the abdominal cavity via an open technique. 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 phlegmonous appendix with moderate surrounding inflammation. Multiple small abscesses were encountered. Mild adhesions between bowel loops observed. Ovaries and uterus normal in female patients. Surrounding omentum and bowel are separated from the inflammatory mass. The appendiceal artery is ligated and divided. We secure the appendiceal base with two Endoloops and transect between them. Specimen placed in EndoCatch bag for removal. Abdominal lavage performed until clear. We close the fascia with Polysorb 2-0 in a interrupted fashion. Skin is approximated with non-absorbable Prolene 4-0. Minor bleeding controlled with cautery.

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

Case ID: CASE-HHKA4M-10802