PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital de Verdun Date: 2024-09-27 16:40

Anesthésiste / Anesthetist: Dr. Lisa Garcia
Chirurgien / Surgeon: Dr. Sarah Johnson
Assistant(s): Dr. resident Sophia Lee

Diagnostic préopératoire / Pre-operative diagnosis:
ACUTE APPENDICITIS WITH PERITONITIS.
Diagnostic postopératoire / Post-operative diagnosis:
APPENDICITIS WITH MESENTERIC LYMPHADENITIS.

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:

1-year-old non-binary with one week abdominal pain, markedly elevated WBC, high CRP, low-grade fever. Imaging: ultrasound with non-visualized appendix and secondary signs. recent travel. Past medical history is otherwise unremarkable.

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

Patient in supine position. General endotracheal anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. Transverse infraumbilical incision is performed and access gained via blunt dissection. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, diffuse adhesions noted. Appendix appeared gangrenous, surrounded by mild inflammatory reaction. No pus or abscess formation found. Mild adhesions between bowel loops observed. We carefully dissect the inflammatory mass and identify the ruptured appendix. Mesenteric vessels to the appendix are secured prior to removal. Endoscopic stapling is used for appendiceal division. Specimen placed in EndoCatch bag for removal. We irrigate the abdominal cavity copiously with warm saline until the effluent is clear. Fascial closure is performed at the umbilical site using Vicryl 3-0. The skin is closed with subcuticular Vicryl 4-0.

Pain control with acetaminophen and morphine as needed. No technical difficulties encountered during surgery. The patient tolerated the procedure well with minimal blood loss.