PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: MCH Date: 2025-01-23 10:01

Anesthésiste / Anesthetist: Dr. Paul Anderson
Chirurgien / Surgeon: Dr. Martin Levesque
Assistant(s): Dr. resident Jennifer Park

Diagnostic préopératoire / Pre-operative diagnosis:
APPENDICITIS WITH INTUSSUSCEPTION.
Diagnostic postopératoire / Post-operative diagnosis:
APPENDICITIS WITH LOCALIZED PERITONITIS.

Opération / Operation:
LAPAROSCOPIC CONVERTED TO OPEN APPENDECTOMY.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix
Anesthésie / Anesthesia: General anesthesia with nitrous oxide

Historique et constatations opératoires / History and operative findings:

A 17-year-old male with 2 days history of abdominal pain and constipation. Failed conservative management for urinary tract infection. Imaging: ultrasound showing perforated appendicitis.

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

Patient in supine position. General anesthesia with nitrous oxide administered. Time-out was performed and abdomen prepped in sterile fashion. Transverse infraumbilical incision is performed and access gained via blunt dissection. We place two additional trocars, one in the suprapubic region and one in the left lower quadrant, both under direct vision. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, moderate adhesions noted. Appendix was sclerotic and surrounded by A moderate amount of purulent material was present in the pelvis. and The appendix was adhered to surrounding structures. Surrounding omentum and bowel are separated from the inflammatory mass. We dissect the mesentery of the appendix and use the electrocautery to coagulate the artery. 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. Fascial closure is performed at the umbilical site using Vicryl 2-0. The skin is closed with subcuticular Vicryl 4-0.

Early ambulation and supportive care recommended. Minor bleeding controlled with cautery. The patient tolerated the procedure well with minimal blood loss.