

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Pierre-Boucher

Date: 2024-01-02 20:15

Anesthésiste / Anesthetist: Dr. Aisha Patel

Chirurgien / Surgeon: Dr. Sophie Chen

Assistant(s): Dr. resident John Paul

Diagnostic préopératoire / Pre-operative diagnosis:

APPENDICITIS WITH BOWEL OBSTRUCTION.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH MESENTERIC LYMPHADENITIS.

Opération / Operation:

LAPAROSCOPIC CONVERTED TO OPEN APPENDECTOMY.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendicolith

Anesthésie / Anesthesia: General anesthesia with regional block

Historique et constatations opératoires / History and operative findings:

3-year-old male with 1 day abdominal pain, markedly elevated WBC, normal CRP, low-grade fever. Imaging: CT scan showing peri-appendiceal fluid. history of constipation.

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

Patient in supine position. General anesthesia with local infiltration 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. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, moderate adhesions noted. Intraoperative examination revealed distended appendix. Purulent fluid was noted throughout the abdominal cavity. Severe adhesions required careful lysis. The surrounding tissues showed moderate reaction. Meticulous dissection performed due to distorted anatomy. Appendiceal vessels controlled with clips. Absorbable ligatures are applied prior to amputation. Specimen placed in EndoCatch bag for removal. Irrigation performed with antibiotic solution. Umbilical port site is closed with PDS 2-0 and skin with non-absorbable Prolene 4-0. Incidental Meckel's diverticulum found and left in situ.

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

Case ID: CASE-BV1ZXD-11049