PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Charles-LeMoyne Date: 2025-08-02 22:14

Anesthésiste / Anesthetist: Dr. John Evans
Chirurgien / Surgeon: Dr. Olivia Davis
Assistant(s): Dr. resident John Paul

Diagnostic préopératoire / Pre-operative diagnosis:
APPENDICITIS WITH SEPSIS.
Diagnostic postopératoire / Post-operative diagnosis:
APPENDICITIS WITH EXTENSIVE ADHESIONS.

Opération / Operation:
OPEN APPENDECTOMY WITH PELVIC LAVAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and peri-appendiceal tissue
Anesthésie / Anesthesia: General anesthesia and epidural block

Historique et constatations opératoires / History and operative findings:

A 17-year-old female with several hours history of abdominal pain with vomiting. Failed conservative management for urinary tract infection. Imaging: CT scan showing appendiceal abscess. Recent travel history may be relevant.

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

Patient in supine position. General anesthesia with caudal block administered. Time-out was performed and abdomen prepped in sterile fashion. A small infraumbilical incision is made and the abdominal cavity is entered under direct vision. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, minimal adhesions noted. Appendix appeared ruptured, surrounded by minimal inflammatory reaction. A large pelvic abscess was present and evacuated. Mild adhesions between bowel loops observed. We proceed with careful dissection of the appendiceal attachments. The appendiceal artery is ligated and divided. The base of the appendix is healthy and we place three EndoLoops - two proximal and one distal - before transecting the appendix. Specimen placed in EndoCatch bag for removal. We lavage the abdomen extensively, paying particular attention to the pelvis and right gutter. Umbilical port site is closed with Maxon 2-0 and skin with non-absorbable Prolene 4-0. Minimal intraoperative blood loss.

Pain control with acetaminophen and morphine as needed. The patient tolerated the procedure well with minimal blood loss.