

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Jewish General Hospital

Date: 2025-07-25 21:36

Anesthésiste / Anesthetist: Dr. Camille Roy

Chirurgien / Surgeon: Dr. Marie-Claire Dubois

Assistant(s): Dr. resident Jennifer Park

Diagnostic préopératoire / Pre-operative diagnosis:

APPENDICITIS WITH BOWEL OBSTRUCTION.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH PERITONEAL CONTAMINATION.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and peri-appendiceal tissue

Anesthésie / Anesthesia: General endotracheal anesthesia

Historique et constatations opératoires / History and operative findings:

A 10-year-old male who presented with diffuse abdominal pain localizing to RLQ. Initially evaluated 2 days prior and diagnosed with food poisoning. Now has normal WBC, normal CRP, no fever. Imaging: ultrasound reporting lymphadenopathy.

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

Patient in supine position. General anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. Direct trocar insertion after skin and fascia incision. Single-incision laparoscopic port is used. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, minimal adhesions noted. Appendix appeared phlegmonous, surrounded by extensive inflammatory reaction. No pus or abscess formation found. Minimal adhesions were noted. We carefully dissect the inflammatory mass and identify the distended appendix. The mesoappendix is dissected and the appendiceal artery is controlled with electrocautery. We apply an endoscopic stapler to the base of the appendix and divide it. Specimen placed in EndoCatch bag for removal. Abdominal lavage performed until clear. We close the fascia with Ethibond 2-0 in a interrupted fashion. Skin is approximated with Steri-Strips.

Consult infectious disease if antibiotics need adjustment. Minimal intraoperative blood loss. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-4AFVGY-12076