

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital de Verdun

Date: 2024-09-03 19:29

Anesthésiste / Anesthetist: Dr. Kevin Zhang

Chirurgien / Surgeon: Dr. Aisha Patel

Assistant(s): Dr. resident Jake Turner

Diagnostic préopératoire / Pre-operative diagnosis:

LOCALIZED PERITONITIS SECONDARY TO APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

PHLEGMONOUS APPENDICITIS.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY WITH IRRIGATION AND DRAINAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix

Anesthésie / Anesthesia: General anesthesia and epidural block

Historique et constatations opératoires / History and operative findings:

Pediatric patient (4, female) presenting with acute onset persistent vomiting and abdominal pain. History: previous similar episode. Imaging confirmed appendicitis.

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

Patient in supine position. General anesthesia with regional block administered. Time-out was performed and abdomen prepped in sterile fashion. Transverse infraumbilical incision is performed and access gained via blunt dissection. Additional 5 mm trocars are placed in the right and left lower quadrants under laparoscopic guidance. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. The appendix was friable with minimal inflammation. A moderate amount of purulent material was present in the pelvis. The omentum was wrapped around the inflamed appendix. No unexpected findings. Meticulous dissection performed due to distorted anatomy. The mesoappendix is divided using a bipolar energy device. We apply an endoscopic stapler to the base of the appendix and divide it. Specimen placed in EndoCatch bag for removal. Thorough irrigation of the abdominal cavity is performed, removing all purulent material. We close the fascia with Ethibond 2-0 in a interrupted fashion. Skin is approximated with subcuticular Vicryl 4-0. Patient tolerated procedure well.

IV fluids and pain management as per protocol. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-QEkin9-11399