

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital de Verdun

Date: 2023-11-05 02:56

Anesthésiste / Anesthetist: Dr. Omar Fahmy

Chirurgien / Surgeon: Dr. Victor Chen

Assistant(s): Dr. resident Emily Clark

Diagnostic préopératoire / Pre-operative diagnosis:

PERFORATED APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH LOCALIZED PERITONITIS.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY WITH DRAINAGE OF ABSCESS.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with surrounding lymph nodes

Anesthésie / Anesthesia: General anesthesia with regional block

Historique et constatations opératoires / History and operative findings:

11-year-old non-binary with one week abdominal pain. Treated for IBD; symptoms persisted. Imaging: ultrasound with non-visualized appendix and secondary signs.

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. A vertical infraumbilical incision is made and carried down to the fascia which is incised sharply. 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 appeared shrunken, surrounded by mild inflammatory reaction. Purulent fluid was noted throughout the abdominal cavity. The appendix was adhered to surrounding structures. No need for drains postoperatively. Meticulous dissection performed due to distorted anatomy. Mesenteric vessels to the appendix are secured prior to removal. Base of appendix secured with purse-string suture prior to removal. Specimen placed in EndoCatch bag for removal. Irrigation performed with antibiotic solution. We close the fascia with Polysorb 2-0 in a interrupted fashion. Skin is approximated with interrupted nylon 4-0.

Repeat CBC and CRP postoperatively. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-77IW4K-10491