

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU de Québec

Date: 2024-04-13 00:45

Anesthésiste / Anesthetist: Dr. Patricia Wong

Chirurgien / Surgeon: Dr. Martin Levesque

Assistant(s): Dr. resident Sophia Lee

Diagnostic préopératoire / Pre-operative diagnosis:

COMPLICATED APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

PHLEGMONOUS APPENDICITIS.

Opération / Operation:

APPENDECTOMY WITH REMOVAL OF APPENDICOLITH.

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

Anesthésie / Anesthesia: General anesthesia

Historique et constatations opératoires / History and operative findings:

Pediatric patient (6, female) presenting with acute onset abdominal pain with vomiting. History: family history of appendicitis. Imaging confirmed appendicitis. Past medical history is otherwise unremarkable.

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

Patient in supine position. General anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. We create a 1 cm infraumbilical incision and enter the abdomen using the Hasson technique. Two working ports are established in the right and left lower quadrants. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, moderate adhesions noted. The surgical field demonstrated shrunken appendix with persistent surrounding inflammation. No pus or abscess formation found. No abnormal adhesions found. No intraoperative complications occurred. We proceed with careful dissection of the appendiceal attachments. The mesoappendix is dissected and the appendiceal artery is controlled with electrocautery. 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 PDS 3-0 and skin with interrupted nylon 4-0.

Postoperative imaging if fever persists. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-7TAVBG-12417