PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU Sainte-Justine Date: 2025-02-06 05:50

Anesthésiste / Anesthetist: Dr. Julia Miller

Chirurgien / Surgeon: Dr. Marie-Claire Dubois

Assistant(s): Dr. resident Jake Turner

Diagnostic préopératoire / Pre-operative diagnosis:

LOCALIZED PERITONITIS SECONDARY TO APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

LOCALIZED PERITONITIS SECONDARY TO APPENDICITIS.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY WITH OMENTAL WRAPPING.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with attached omentum

Anesthésie / Anesthesia: General anesthesia with local infiltration

Historique et constatations opératoires / History and operative findings:

A 4-year-old male who presented with abdominal pain and constipation. Initially evaluated 2 days prior and diagnosed with intussusception. Now has elevated WBC, high CRP, no fever. Imaging: CT scan confirming appendicitis. Past medical history is otherwise unremarkable.

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

Patient in supine position. General anesthesia with mask induction 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, significant adhesions noted. Intraoperative examination revealed necrotic appendix. Multiple small abscesses were encountered. Fibrinous adhesions were lysed during the procedure. The surrounding tissues showed mild reaction. Surrounding omentum and bowel are separated from the inflammatory mass. Mesenteric vessels to the appendix are secured prior to removal. 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. All port sites closed with interrupted nylon 4-0.

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