PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital de Verdun Date: 2025-07-11 09:40

Anesthésiste / Anesthetist: Dr. Paul Anderson
Chirurgien / Surgeon: Dr. Daniel Fortin
Assistant(s): Dr. resident Carlos Mendez

Diagnostic préopératoire / Pre-operative diagnosis:
APPENDICITIS WITH INTUSSUSCEPTION.
Diagnostic postopératoire / Post-operative diagnosis:
APPENDICITIS WITH EXTENSIVE ADHESIONS.

Opération / Operation:
APPENDECTOMY WITH INTRA-ABDOMINAL DRAINAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and peri-appendiceal tissue
Anesthésie / Anesthesia: General anesthesia with local infiltration

Historique et constatations opératoires / History and operative findings:

3-year-old non-binary with 3 days abdominal pain, markedly elevated WBC, normal CRP, no fever. Imaging: MRI demonstrating RLQ inflammation. recent antibiotic use. Past medical history is otherwise unremarkable.

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. Accessory port placed in epigastric region. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. The surgical field demonstrated acutely inflamed appendix with moderate surrounding inflammation. Multiple small abscesses were encountered. Mild adhesions between bowel loops observed. No evidence of peritoneal carcinomatosis. We carefully dissect the inflammatory mass and identify the gangrenous appendix. We dissect the mesentery of the appendix and use the electrocautery to coagulate the artery. We secure the appendiceal base with two Endoloops and transect between them. Specimen placed in EndoCatch bag for removal. Thorough irrigation of the abdominal cavity is performed, removing all purulent material. Umbilical port site is closed with Polysorb 2-0 and skin with interrupted silk 4-0.

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

Case ID: CASE-NINKCW-12742