PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital de Verdun Date: 2025-01-28 13:29

Anesthésiste / Anesthetist: Dr. Omar Fahmy
Chirurgien / Surgeon: Dr. Sophie Chen
Assistant(s): Dr. resident Carlos Mendez

Diagnostic préopératoire / Pre-operative diagnosis:
APPENDICITIS WITH INTUSSUSCEPTION.
Diagnostic postopératoire / Post-operative diagnosis:
APPENDICITIS WITH PELVIC ABSCESS.

Opération / Operation:
LAPAROSCOPIC APPENDECTOMY WITH IRRIGATION AND DRAINAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and abscess wall
Anesthésie / Anesthesia: General anesthesia with mask induction

Historique et constatations opératoires / History and operative findings:

15-year-old female with 1 day abdominal pain, elevated WBC, normal CRP, high fever. Imaging: ultrasound showing perforated appendicitis. recent antibiotic use. 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. 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. Intraoperative examination revealed necrotic appendix. A moderate amount of purulent material was present in the pelvis. Severe adhesions required careful lysis. The surrounding tissues showed extensive reaction. No mesenteric ischemia. We carefully dissect the inflammatory mass and identify the phlegmonous appendix. The appendiceal artery is ligated and divided. 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. Thorough irrigation of the abdominal cavity is performed, removing all purulent material. The umbilical fascia is reapproximated with interrupted Vicryl 2-0 sutures. Skin incisions are closed with interrupted silk 4-0.

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

Case ID: CASE-PR7NGA-10688