

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Ste-Agathe Hospital

Date: 2025-01-22 08:17

Anesthésiste / Anesthetist: Dr. David Smith

Chirurgien / Surgeon: Dr. Paul Lambert

Assistant(s): Dr. resident Sophia Lee

Diagnostic préopératoire / Pre-operative diagnosis:

PHLEGMONOUS APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

PERFORATED APPENDICITIS.

Opération / Operation:

OPEN APPENDECTOMY WITH PELVIC LAVAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendicolith

Anesthésie / Anesthesia: General anesthesia with regional block

Historique et constatations opératoires / History and operative findings:

Patient (14 years, female) presented with right lower quadrant pain, markedly elevated WBC, high CRP. Imaging: CT scan revealing free fluid.

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

Patient in supine position. General anesthesia with regional block administered. Time-out was performed and abdomen prepped in sterile fashion. Direct trocar insertion after skin and fascia incision. Single-incision laparoscopic port is used. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. Operative findings included sclerotic appendix and extensive inflammation. Multiple small abscesses were encountered. Fibrinous adhesions were lysed during the procedure. No need for drains postoperatively. We proceed with careful dissection of the appendiceal attachments. Appendiceal vessels controlled with clips. Endoscopic stapling is used for appendiceal division. Specimen placed in EndoCatch bag for removal. Abdominal lavage performed until clear. Fascial closure is performed at the umbilical site using PDS 2-0. The skin is closed with subcuticular Monocryl 4-0.

Continue surgical care with antibiotic therapy and diet advancement as tolerated. Incidental Meckel's diverticulum found and left in situ. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-JCW618-12431