

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU de Québec

Date: 2024-02-17 06:37

Anesthésiste / Anesthetist: Dr. Lisa Garcia

Chirurgien / Surgeon: Dr. Robert Tremblay

Assistant(s): Dr. resident Jake Turner

Diagnostic préopératoire / Pre-operative diagnosis:

APPENDICITIS MIMICKING OVARIAN PATHOLOGY.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH MESENTERIC LYMPHADENITIS.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY WITH OMENTAL WRAPPING.

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

Anesthésie / Anesthesia: General anesthesia and epidural block

Historique et constatations opératoires / History and operative findings:

A 15-year-old female who presented with abdominal pain with vomiting. Initially evaluated 1 days prior and diagnosed with Crohn's disease. Now has normal WBC, high CRP, high fever. Imaging: ultrasound showing phlegmonous appendicitis.

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. Direct trocar insertion after skin and fascia incision. We place two additional trocars, one in the suprapubic region and one in the left lower quadrant, both under direct vision. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. The surgical field demonstrated distended appendix with diffuse surrounding inflammation. A moderate amount of purulent material was present in the pelvis. Minimal adhesions were noted. Ovaries and uterus normal in female patients. Appendix is isolated after adhesiolysis. The appendiceal artery is ligated and divided. We apply an endoscopic stapler to the base of the appendix and divide it. Specimen placed in EndoCatch bag for removal. Abdominal lavage performed until clear. All port sites closed with subcuticular Vicryl 4-0. No technical difficulties encountered during surgery.

Early ambulation and supportive care recommended. Minimal intraoperative blood loss. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-SIHUR6-10895