PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Jewish General Hospital Date: 2025-05-02 21:12

Anesthésiste / Anesthetist: Dr. Julia Miller
Chirurgien / Surgeon: Dr. Marie-Claire Dubois
Assistant(s): Dr. resident John Paul

Diagnostic préopératoire / Pre-operative diagnosis:
SUPPURATIVE APPENDICITIS.
Diagnostic postopératoire / Post-operative diagnosis:
ACUTE APPENDICITIS.

Opération / Operation:
LAPAROSCOPIC APPENDECTOMY WITH IRRIGATION AND DRAINAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and mesoappendix
Anesthésie / Anesthesia: Total intravenous anesthesia

Historique et constatations opératoires / History and operative findings:

A 16-year-old male who presented with RLQ tenderness and guarding. Initially evaluated 2 days prior and diagnosed with mesenteric adenitis. Now has markedly elevated WBC, normal CRP, low-grade fever. Imaging: CT scan confirming appendicitis.

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

Patient in supine position. General anesthesia with local infiltration 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. Additional 5 mm trocars are placed in the right and left lower quadrants under laparoscopic guidance. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. The appendix was acutely inflamed with patchy inflammation. A large pelvic abscess was present and evacuated. Severe adhesions required careful lysis. Dissection is carried out to isolate the base of the appendix. The appendiceal mesentery is carefully taken down with harmonic scalpel. Absorbable ligatures are applied prior to amputation. Specimen placed in EndoCatch bag for removal. Thorough irrigation of the abdominal cavity is performed, removing all purulent material. All port sites closed with non-absorbable Prolene 4-0. No evidence of peritoneal carcinomatosis.

Monitor wound sites for infection. Incidental Meckel's diverticulum found and left in situ. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-BIHAWO-12196