

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Charles-LeMoyne

Date: 2024-10-20 03:10

Anesthésiste / Anesthetist: Dr. Lisa Garcia

Chirurgien / Surgeon: Dr. Olivia Davis

Assistant(s): Dr. resident Lucas Martin

Diagnostic préopératoire / Pre-operative diagnosis:

LOCALIZED PERITONITIS SECONDARY TO APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH PERITONEAL CONTAMINATION.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY WITH DRAINAGE OF ABSCESS.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and abscess wall

Anesthésie / Anesthesia: General anesthesia and epidural block

Historique et constatations opératoires / History and operative findings:

Patient (12 years, female) presented with abdominal pain after trauma, markedly elevated WBC, high CRP. Imaging: CT scan showing peri-appendiceal fluid. Recent travel history may be relevant.

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

Patient in supine position. General endotracheal anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. We create a 1 cm infraumbilical incision and enter the abdomen using the Hasson technique. Accessory port placed in epigastric region. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, diffuse adhesions noted. The appendix was hyperemic with localized inflammation. A moderate amount of purulent material was present in the pelvis. Severe adhesions required careful lysis. The appendix is mobilized using a combination of sharp and blunt dissection. Mesenteric vessels to the appendix are secured prior to removal. 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. Fascial closure is performed at the umbilical site using Maxon 2-0. The skin is closed with non-absorbable Prolene 4-0. No intraoperative complications occurred.

Patient will remain on IV antibiotics with gradual diet advancement as per surgery protocol. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-NWUJK5-10743