PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: MCH Date: 2025-04-01 16:28

Anesthésiste / Anesthetist: Dr. John Evans
Chirurgien / Surgeon: Dr. James Wilson
Assistant(s): Dr. resident John Paul

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

Opération / Operation:
OPEN APPENDECTOMY WITH PELVIC LAVAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendicolith
Anesthésie / Anesthesia: General anesthesia with local infiltration

Historique et constatations opératoires / History and operative findings:

A 13-year-old male who presented with persistent vomiting and abdominal pain. Initially evaluated 2 days prior and diagnosed with renal colic. Now has elevated WBC, high CRP, low-grade fever. Imaging: MRI demonstrating RLQ inflammation.

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

Patient in supine position. General anesthesia with caudal block 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. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, moderate adhesions noted. Appendix appeared phlegmonous, surrounded by fluctuating inflammatory reaction. Purulent fluid was noted throughout the abdominal cavity. No abnormal adhesions found. Blunt dissection is used to free the appendix from surrounding structures. The mesoappendix is divided using a bipolar energy device. 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. Irrigation performed with antibiotic solution. We close the fascia with Polysorb 2-0 in a interrupted fashion. Skin is approximated with non-absorbable Prolene 4-0. No bowel injury noted.

Monitor wound sites for infection. The patient tolerated the procedure well with minimal blood loss.