

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Maisonneuve-Rosemont

Date: 2025-02-26 12:09

Anesthésiste / Anesthetist: Dr. John Evans

Chirurgien / Surgeon: Dr. Sarah Johnson

Assistant(s): Dr. resident Anna Kim

Diagnostic préopératoire / Pre-operative diagnosis:

ACUTE APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

PERFORATED APPENDICITIS WITH ABSCESS.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY WITH DRAINAGE OF ABSCESS.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix

Anesthésie / Anesthesia: General endotracheal anesthesia

Historique et constatations opératoires / History and operative findings:

A 5-year-old male who presented with abdominal pain with palpable mass. Initially evaluated 1 days prior and diagnosed with urinary tract infection. Now has normal WBC, normal CRP, low-grade fever. Imaging: ultrasound showing perforated appendicitis.

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

Patient in supine position. Total intravenous anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. A vertical infraumbilical incision is made and carried down to the fascia which is incised sharply. 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, extensive adhesions noted. Operative findings included shrunken appendix and severe inflammation. No abscess, but turbid fluid present. The omentum was wrapped around the inflamed appendix. Surrounding omentum and bowel are separated from the inflammatory mass. Mesenteric vessels to the appendix are secured prior to removal. We secure the appendiceal base with two Endoloops and transect between them. Specimen placed in EndoCatch bag for removal. We irrigate the abdominal cavity copiously with warm saline until the effluent is clear. We close the fascia at the umbilical port with figure-of-eight sutures of Ethibond 2-0 and the skin with subcuticular Vicryl 4-0. Incidental Meckel's diverticulum found and left in situ.

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

Case ID: CASE-4RBXNT-11680