PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU de Québec Date: 2025-06-04 14:41

Anesthésiste / Anesthetist: Dr. Claire Dubois
Chirurgien / Surgeon: Dr. Marie-Claire Dubois
Assistant(s): Dr. resident Leo Morel

Diagnostic préopératoire / Pre-operative diagnosis:
APPENDICITIS WITH BOWEL OBSTRUCTION.
Diagnostic postopératoire / Post-operative diagnosis:
APPENDICITIS WITH EXTENSIVE ADHESIONS.

Opération / Operation:
APPENDECTOMY WITH REMOVAL OF APPENDICOLITH.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix
Anesthésie / Anesthesia: General anesthesia with caudal block

Historique et constatations opératoires / History and operative findings:

A 8-year-old male who presented with abdominal pain with rebound tenderness. Initially evaluated 3 days prior and diagnosed with food poisoning. Now has markedly elevated WBC, elevated CRP, high fever. Imaging: CT scan showing peri-appendiceal fluid.

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 make an infraumbilical incision of 1 cm, dissect the subcutaneous tissue bluntly and penetrate the abdominal cavity via an open technique. Single-incision laparoscopic port is used. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, minimal adhesions noted. The surgical field demonstrated thick-walled appendix with severe surrounding inflammation. Purulent fluid was noted throughout the abdominal cavity. Dense adhesions were encountered during dissection. No bowel injury noted. Meticulous dissection performed due to distorted anatomy. The appendiceal mesentery is carefully taken down with harmonic scalpel. Absorbable ligatures are applied prior to amputation. Specimen placed in EndoCatch bag for removal. Copious irrigation is undertaken to ensure removal of all inflammatory debris. All port sites closed with subcuticular Vicryl 4-0.

Monitor wound sites for infection. Bladder and ureters visualized, no injury. The patient tolerated the procedure well with minimal blood loss.