

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Royal Victoria Hospital

Date: 2024-01-04 20:49

Anesthésiste / Anesthetist: Dr. John Evans

Chirurgien / Surgeon: Dr. Sophie Chen

Assistant(s): Dr. resident Lucas Martin

Diagnostic préopératoire / Pre-operative diagnosis:

SUPPURATIVE APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH EXTENSIVE ADHESIONS.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and peri-appendiceal tissue

Anesthésie / Anesthesia: Total intravenous anesthesia

Historique et constatations opératoires / History and operative findings:

12-year-old female with 3 days abdominal pain. Treated for renal colic; symptoms persisted. Imaging: CT scan confirming appendicitis.

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

Patient in supine position. General anesthesia with regional block administered. Time-out was performed and abdomen prepped in sterile fashion. Incision is made in left lower quadrant for open conversion. Three trocars in total are used for laparoscopic access. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. Operative findings included thick-walled appendix and localized inflammation. No abscess, but turbid fluid present. Mild adhesions between bowel loops observed. No need for drains postoperatively. We proceed with careful dissection of the appendiceal attachments. The mesoappendix is divided using a bipolar energy device. The appendix is ligated at its base with two absorbable sutures and then amputated. Specimen placed in EndoCatch bag for removal. Abdominal lavage performed until clear. We close the fascia with Maxon 2-0 in an interrupted fashion. Skin is approximated with interrupted silk 4-0. No technical difficulties encountered during surgery.

We will continue current antibiotic regimen and begin enteral feeds when bowel function returns. No technical difficulties encountered during surgery. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-H6S00I-13641