PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Notre-Dame Date: 2025-09-03 10:53

Anesthésiste / Anesthetist: Dr. Aisha Patel
Chirurgien / Surgeon: Dr. Daniel Fortin
Assistant(s): Dr. resident Marc Gagnon

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

Opération / Operation:
LAPAROSCOPIC APPENDECTOMY WITH IRRIGATION AND DRAINAGE.

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

Historique et constatations opératoires / History and operative findings:

A 6-year-old male who presented with RLQ tenderness and guarding. Initially evaluated 1 days prior and diagnosed with ovarian cyst. Now has elevated WBC, high CRP, high fever. Imaging: ultrasound showing phlegmonous appendicitis.

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. Transverse infraumbilical incision is performed and access gained via blunt dissection. Two working ports are established in the right and left lower quadrants. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. Operative findings included shrunken appendix and patchy inflammation. A moderate amount of purulent material was present in the pelvis. Mild adhesions between bowel loops observed. Incidental Meckel's diverticulum found and left in situ. We proceed with careful dissection of the appendiceal attachments. The mesoappendix is dissected and the appendiceal artery is controlled with electrocautery. 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. Thorough irrigation of the abdominal cavity is performed, removing all purulent material. Umbilical port site is closed with Vicryl 2-0 and skin with non-absorbable Prolene 4-0. No technical difficulties encountered during surgery.

Monitor for signs of infection; advance diet as tolerated. No evidence of peritoneal carcinomatosis. The patient tolerated the procedure well with minimal blood loss.