PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital de Verdun Date: 2024-07-31 01:03

Anesthésiste / Anesthetist: Dr. Claire Dubois

Chirurgien / Surgeon: Dr. Daniel Fortin

Assistant(s): Dr. resident Fatima Sheikh

Diagnostic préopératoire / Pre-operative diagnosis:

ACUTE APPENDICITIS WITH PERITONITIS.

Diagnostic postopératoire / Post-operative diagnosis:

ACUTE APPENDICITIS WITH PERITONITIS.

Opération / Operation:

OPEN APPENDECTOMY WITH PELVIC LAVAGE.

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

Anesthésie / Anesthesia: General anesthesia with mask induction

Historique et constatations opératoires / History and operative findings:

Pediatric patient (16, non-binary) presenting with acute onset diffuse abdominal pain localizing to RLQ. History: recent travel. Imaging confirmed appendicitis.

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

Patient in supine position. General anesthesia with nitrous oxide 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. 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, significant adhesions noted. The appendix was necrotic with patchy inflammation. Abscess cavity found in RLQ and irrigated. Severe adhesions required careful lysis. Dissection is carried out to isolate the base of the appendix. The appendiceal mesentery is carefully taken down with harmonic scalpel. We secure the appendiceal base with two Endoloops and transect between them. Specimen placed in EndoCatch bag for removal. We lavage the abdomen extensively, paying particular attention to the pelvis and right gutter. The umbilical fascia is reapproximated with interrupted Ethibond 2-0 sutures. Skin incisions are closed with Steri-Strips. No evidence of malignancy.

Pain control with acetaminophen and morphine as needed. The patient tolerated the procedure well with minimal blood loss.