

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital de Verdun

Date: 2024-08-08 07:50

Anesthésiste / Anesthetist: Dr. Camille Roy

Chirurgien / Surgeon: Dr. Elena Rodriguez

Assistant(s): Dr. resident Lucas Martin

Diagnostic préopératoire / Pre-operative diagnosis:

COMPLICATED APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH PERITONEAL CONTAMINATION.

Opération / Operation:

OPEN APPENDECTOMY WITH PELVIC LAVAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with surrounding lymph nodes

Anesthésie / Anesthesia: General endotracheal anesthesia

Historique et constatations opératoires / History and operative findings:

12-year-old female with 2 days abdominal pain. Treated for mesenteric adenitis; symptoms persisted. Imaging: MRI demonstrating RLQ inflammation. Past medical history is otherwise unremarkable.

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

Patient in supine position. General endotracheal anesthesia 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. 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 ruptured with persistent inflammation. Purulent fluid was noted throughout the abdominal cavity. Dense adhesions were encountered during dissection. No evidence of peritoneal carcinomatosis. Surrounding omentum and bowel are separated from the inflammatory mass. 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 PDS 3-0 in a interrupted fashion. Skin is approximated with Dermabond.

IV fluids and pain management as per protocol. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-Q428EQ-11464