PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Charles-LeMoyne Date: 2025-06-13 09:43

Anesthésiste / Anesthetist: Dr. Thomas White
Chirurgien / Surgeon: Dr. Robert Tremblay
Assistant(s): Dr. resident Sophia Lee

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

Opération / Operation:
APPENDECTOMY WITH LYSIS OF ADHESIONS.

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

Historique et constatations opératoires / History and operative findings:

3-year-old non-binary with one week abdominal pain, elevated WBC, elevated CRP, high fever. Imaging: CT scan confirming appendicitis. previous similar episode. Past medical history is otherwise unremarkable.

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

Patient in supine position. General anesthesia with local infiltration administered. Time-out was performed and abdomen prepped in sterile fashion. A small infraumbilical incision is made and the abdominal cavity is entered under direct vision. Three trocars in total are used for laparoscopic access. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, diffuse adhesions noted. Appendix was suppurative and surrounded by Multiple small abscesses were encountered. and Multiple bowel loops adherent to the mass. No intraoperative complications occurred. We proceed with careful dissection of the appendiceal attachments. The appendiceal mesentery is carefully taken down with harmonic scalpel. Endoscopic stapling is used for appendiceal division. Specimen placed in EndoCatch bag for removal. We irrigate the abdominal cavity copiously with warm saline until the effluent is clear. Umbilical port site is closed with Vicryl 2-0 and skin with non-absorbable Prolene 4-0. Patient tolerated procedure well.

Consult infectious disease if antibiotics need adjustment. No technical difficulties encountered during surgery. The patient tolerated the procedure well with minimal blood loss.