

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU de Québec

Date: 2024-09-25 02:31

Anesthésiste / Anesthetist: Dr. John Evans

Chirurgien / Surgeon: Dr. Sarah Johnson

Assistant(s): Dr. resident Leo Morel

Diagnostic préopératoire / Pre-operative diagnosis:

ACUTE APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

PERFORATED APPENDICITIS.

Opération / Operation:

APPENDECTOMY WITH LYSIS OF ADHESIONS.

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

Anesthésie / Anesthesia: General anesthesia with regional block

Historique et constatations opératoires / History and operative findings:

17-year-old male with 3 days abdominal pain, markedly elevated WBC, elevated CRP, low-grade fever. Imaging: ultrasound with non-visualized appendix and secondary signs. no prior abdominal surgery.

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. We make an infraumbilical incision of 1 cm, dissect the subcutaneous tissue bluntly and penetrate the abdominal cavity via an open technique. Additional 5 mm trocars are placed in the right and left lower quadrants under laparoscopic guidance. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, moderate adhesions noted. The surgical field demonstrated necrotic appendix with fluctuating surrounding inflammation. No pus or abscess formation found. Severe adhesions required careful lysis. No evidence of peritoneal carcinomatosis. The appendix is mobilized using a combination of sharp and blunt dissection. The appendiceal mesentery is carefully taken down with harmonic scalpel. Absorbable ligatures are applied prior to amputation. Specimen placed in EndoCatch bag for removal. We irrigate the abdominal cavity copiously with warm saline until the effluent is clear. We close the fascia with PDS 2-0 in an interrupted fashion. Skin is approximated with non-absorbable Prolene 4-0.

The patient will be continued on IV antibiotics and advanced to diet as tolerated. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-W9UAVY-10860