

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Notre-Dame

Date: 2023-10-14 21:09

Anesthésiste / Anesthetist: Dr. Julia Miller

Chirurgien / Surgeon: Dr. Martin Levesque

Assistant(s): Dr. resident Chloe Nguyen

Diagnostic préopératoire / Pre-operative diagnosis:

COMPLICATED APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH BOWEL OBSTRUCTION.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY WITH IRRIGATION AND DRAINAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendicolith

Anesthésie / Anesthesia: General anesthesia and epidural block

Historique et constatations opératoires / History and operative findings:

12-year-old non-binary with several hours abdominal pain, elevated WBC, high CRP, low-grade fever. Imaging: ultrasound showing appendicitis. no prior abdominal surgery. 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. A vertical infraumbilical incision is made and carried down to the fascia which is incised sharply. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, minimal adhesions noted. The surgical field demonstrated shrunken appendix with diffuse surrounding inflammation. A small localized abscess was found and drained. Fibrinous adhesions were lysed during the procedure. Bladder and ureters visualized, no injury. We carefully dissect the inflammatory mass and identify the distended appendix. The appendiceal mesentery is carefully taken down with harmonic scalpel. 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. Irrigation performed with antibiotic solution. The umbilical fascia is reapproximated with interrupted Polysorb 2-0 sutures. Skin incisions are closed with subcuticular Monocryl 4-0.

Patient will remain on IV antibiotics with gradual diet advancement as per surgery protocol. No intraoperative complications occurred. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-1GDFA6-12484