

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU de Québec

Date: 2025-04-25 11:10

Anesthésiste / Anesthetist: Dr. Paul Anderson

Chirurgien / Surgeon: Dr. James Wilson

Assistant(s): Dr. resident Carlos Mendez

Diagnostic préopératoire / Pre-operative diagnosis:

APPENDICITIS WITH SEPSIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH PELVIC ABSCESS.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY WITH IRRIGATION AND DRAINAGE.

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

Anesthésie / Anesthesia: General anesthesia with local infiltration

Historique et constatations opératoires / History and operative findings:

5-year-old non-binary with 2 days abdominal pain, elevated WBC, normal CRP, no fever. Imaging: CT scan revealing free fluid. recent travel.

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

Patient in supine position. Total intravenous anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. Direct trocar insertion after skin and fascia incision. Accessory port placed in epigastric region. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. Appendix appeared distended, surrounded by diffuse inflammatory reaction. A small localized abscess was found and drained. Dense adhesions were encountered during dissection. We proceed with careful dissection of the appendiceal attachments. The mesoappendix is divided using a bipolar energy device. Endoscopic stapling is used for appendiceal division. Specimen placed in EndoCatch bag for removal. Saline is used for thorough irrigation of all quadrants. We close the fascia at the umbilical port with figure-of-eight sutures of Ethibond 2-0 and the skin with subcuticular Monocryl 4-0. Bladder and ureters visualized, no injury.

Postoperative imaging if fever persists. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-8NN0A4-12771