PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Pierre-Boucher Date: 2024-01-26 06:57

Anesthésiste / Anesthetist: Dr. David Smith
Chirurgien / Surgeon: Dr. Olivia Davis
Assistant(s): Dr. resident Anna Kim

Diagnostic préopératoire / Pre-operative diagnosis:
APPENDICITIS WITH SEPSIS.
Diagnostic postopératoire / Post-operative diagnosis:
APPENDICITIS WITH EXTENSIVE ADHESIONS.

Opération / Operation:
APPENDECTOMY WITH LYSIS OF ADHESIONS.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and abscess wall
Anesthésie / Anesthesia: Total intravenous anesthesia

Historique et constatations opératoires / History and operative findings:

Pediatric patient (2, non-binary) presenting with acute onset diffuse abdominal pain localizing to RLQ. History: no prior abdominal surgery. Imaging confirmed appendicitis.

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. Transverse infraumbilical incision is performed and access gained via blunt dissection. Two working ports are established in the right and left lower quadrants. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, diffuse adhesions noted. Appendix appeared hyperemic, surrounded by extensive inflammatory reaction. No abscess, but turbid fluid present. No abnormal adhesions found. The appendix is mobilized using a combination of sharp and blunt dissection. The mesoappendix is dissected and the appendiceal artery is controlled with electrocautery. Endoscopic stapling is used for appendiceal division. Specimen placed in EndoCatch bag for removal. Thorough irrigation of the abdominal cavity is performed, removing all purulent material. All port sites closed with Dermabond. Bladder and ureters visualized, no injury.

Repeat CBC and CRP postoperatively. No evidence of malignancy. The patient tolerated the procedure well with minimal blood loss.