

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Notre-Dame

Date: 2025-02-06 05:26

Anesthésiste / Anesthetist: Dr. Julia Miller

Chirurgien / Surgeon: Dr. Sarah Johnson

Assistant(s): Dr. resident Sophia Lee

Diagnostic préopératoire / Pre-operative diagnosis:

ACUTE APPENDICITIS WITH PERITONITIS.

Diagnostic postopératoire / Post-operative diagnosis:

ACUTE APPENDICITIS.

Opération / Operation:

LAPAROSCOPIC CONVERTED TO OPEN APPENDECTOMY.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendicolith

Anesthésie / Anesthesia: General anesthesia with caudal block

Historique et constatations opératoires / History and operative findings:

10-year-old non-binary with several hours abdominal pain. Treated for food poisoning; symptoms persisted. Imaging: ultrasound showing phlegmonous appendicitis. Recent travel history may be relevant.

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

Patient in supine position. General anesthesia with nitrous oxide 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. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. Intraoperative examination revealed ruptured appendix. Multiple small abscesses were encountered. The omentum was wrapped around the inflamed appendix. The surrounding tissues showed severe reaction. Surrounding omentum and bowel are separated from the inflammatory mass. The appendiceal artery is ligated and divided. We apply an endoscopic stapler to the base of the appendix and divide it. Specimen placed in EndoCatch bag for removal. We lavage the abdomen extensively, paying particular attention to the pelvis and right gutter. We close the fascia with PDS 2-0 in a interrupted fashion. Skin is approximated with subcuticular Monocryl 4-0.

Continue surgical care with antibiotic therapy and diet advancement as tolerated. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-Q1AUBI-10849