PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: MCH Date: 2025-02-21 04:54

Anesthésiste / Anesthetist: Dr. David Smith

Chirurgien / Surgeon: Dr. Samuel Lee

Assistant(s): Dr. resident Carlos Mendez

Diagnostic préopératoire / Pre-operative diagnosis:

APPENDICITIS WITH ABSCESS.

Diagnostic postopératoire / Post-operative diagnosis:

GANGRENOUS APPENDICITIS.

Opération / Operation:

APPENDECTOMY WITH LYSIS OF ADHESIONS.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and mesoappendix

Anesthésie / Anesthesia: General anesthesia with nitrous oxide

Historique et constatations opératoires / History and operative findings:

A 12-year-old female with one week history of abdominal pain with rebound tenderness. Failed conservative management for mesenteric adenitis. Imaging: ultrasound suggestive of appendicitis.

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

Patient in supine position. General anesthesia with regional block administered. Time-out was performed and abdomen prepped in sterile fashion. Transverse infraumbilical incision is performed and access gained via blunt dissection. Single-incision laparoscopic port is used. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. The surgical field demonstrated acutely inflamed appendix with severe surrounding inflammation. A large pelvic abscess was present and evacuated. No abnormal adhesions found. Minimal intraoperative blood loss. Surrounding omentum and bowel are separated from the inflammatory mass. Appendiceal vessels controlled with clips. We apply an endoscopic stapler to the base of the appendix and divide it. Specimen placed in EndoCatch bag for removal. Irrigation performed with antibiotic solution. All port sites closed with subcuticular Vicryl 4-0.

Patient to receive postoperative IV antibiotics with monitoring for return of bowel function. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-F4SP5S-11882