

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: MCH

Date: 2024-11-09 06:06

Anesthésiste / Anesthetist: Dr. Paul Anderson

Chirurgien / Surgeon: Dr. Robert Tremblay

Assistant(s): Dr. resident Zoe Tremblay

Diagnostic préopératoire / Pre-operative diagnosis:

ACUTE APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH BOWEL OBSTRUCTION.

Opération / Operation:

APPENDECTOMY WITH REMOVAL OF APPENDICOLITH.

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

Anesthésie / Anesthesia: Total intravenous anesthesia

Historique et constatations opératoires / History and operative findings:

A 13-year-old male who presented with abdominal pain with diarrhea. Initially evaluated 4 days prior and diagnosed with constipation. Now has markedly elevated WBC, normal CRP, low-grade fever. Imaging: CT scan revealing free fluid.

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. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, moderate adhesions noted. The appendix was thick-walled with persistent inflammation. Purulent fluid was noted throughout the abdominal cavity. The omentum was wrapped around the inflamed appendix. We proceed with careful dissection of the appendiceal attachments. The mesoappendix is divided using a bipolar energy device. Absorbable ligatures are applied prior to amputation. Specimen placed in EndoCatch bag for removal. Thorough irrigation of the abdominal cavity is performed, removing all purulent material. Umbilical port site is closed with Vicryl 2-0 and skin with non-absorbable Prolene 4-0.

Repeat CBC and CRP postoperatively. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-1E3U52-10191