

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Maisonneuve-Rosemont

Date: 2023-12-01 12:58

Anesthésiste / Anesthetist: Dr. David Smith

Chirurgien / Surgeon: Dr. Samuel Lee

Assistant(s): Dr. resident Fatima Sheikh

Diagnostic préopératoire / Pre-operative diagnosis:

APPENDICITIS WITH BOWEL OBSTRUCTION.

Diagnostic postopératoire / Post-operative diagnosis:

GANGRENOUS APPENDICITIS.

Opération / Operation:

APPENDECTOMY WITH LYSIS OF ADHESIONS.

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

Anesthésie / Anesthesia: General anesthesia with regional block

Historique et constatations opératoires / History and operative findings:

Pediatric patient (6, male) presenting with acute onset right lower quadrant pain. History: recent antibiotic use. 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. Incision is made in left lower quadrant for open conversion. Three trocars in total are used for laparoscopic access. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. Findings include ruptured appendix with intense inflammatory changes. No abscess, but turbid fluid present. Dense adhesions were encountered during dissection. Minor bleeding controlled with cautery. Meticulous dissection performed due to distorted anatomy. Appendiceal vessels controlled with clips. We secure the appendiceal base with two Endoloops and transect between them. Specimen placed in EndoCatch bag for removal. We irrigate the abdominal cavity copiously with warm saline until the effluent is clear. The umbilical fascia is reapproximated with interrupted Maxon 2-0 sutures. Skin incisions are closed with non-absorbable Prolene 4-0. Minor bleeding controlled with cautery.

Early ambulation and supportive care recommended. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-ICGDRW-11240