PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Royal Victoria Hospital Date: 2025-05-19 10:58

Anesthésiste / Anesthetist: Dr. David Smith

Chirurgien / Surgeon: Dr. Sophie Chen

Assistant(s): Dr. resident Anna Kim

Diagnostic préopératoire / Pre-operative diagnosis:

LOCALIZED PERITONITIS SECONDARY TO APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

LOCALIZED PERITONITIS SECONDARY TO APPENDICITIS.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY.

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

Anesthésie / Anesthesia: General endotracheal anesthesia

Historique et constatations opératoires / History and operative findings:

A 8-year-old male who presented with persistent vomiting and abdominal pain. Initially evaluated 4 days prior and diagnosed with urinary tract infection. Now has normal WBC, high CRP, low-grade fever. Imaging: ultrasound suggestive of appendicitis.

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

Patient in supine position. General anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. Transverse infraumbilical incision is performed and access gained via blunt dissection. We place two additional trocars, one in the suprapubic region and one in the left lower quadrant, both under direct vision. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, diffuse adhesions noted. The surgical field demonstrated thick-walled appendix with patchy surrounding inflammation. Multiple small abscesses were encountered. Severe adhesions required careful lysis. No bowel injury noted. Blunt dissection is used to free the appendix from surrounding structures. We dissect the mesentery of the appendix and use the electrocautery to coagulate the artery. 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. Fascial closure is performed at the umbilical site using Maxon 2-0. The skin is closed with subcuticular Vicryl 4-0.

Monitor wound sites for infection. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-HV1TWB-13794