

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: MCH

Date: 2025-03-13 14:17

Anesthésiste / Anesthetist: Dr. Aisha Patel

Chirurgien / Surgeon: Dr. Paul Lambert

Assistant(s): Dr. resident Maya Singh

Diagnostic préopératoire / Pre-operative diagnosis:

APPENDICITIS WITH INTUSSUSCEPTION.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH INTUSSUSCEPTION.

Opération / Operation:

APPENDECTOMY WITH REMOVAL OF APPENDICOLITH.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and peri-appendiceal tissue

Anesthésie / Anesthesia: General anesthesia with nitrous oxide

Historique et constatations opératoires / History and operative findings:

17-year-old non-binary with 1 day abdominal pain. Treated for IBD; symptoms persisted. Imaging: ultrasound with non-visualized appendix and secondary signs. Past medical history is otherwise unremarkable.

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

Patient in supine position. General anesthesia with caudal block administered. Time-out was performed and abdomen prepped in sterile fashion. Incision is made in left lower quadrant for open conversion. Two working ports are established in the right and left lower quadrants. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. Operative findings included shrunken appendix and intense inflammation. No pus or abscess formation found. Severe adhesions required careful lysis. Dissection is carried out to isolate the base of the appendix. The appendiceal artery is ligated and divided. We secure the appendiceal base with two Endoloops and transect between them. Specimen placed in EndoCatch bag for removal. Thorough irrigation of the abdominal cavity is performed, removing all purulent material. The umbilical fascia is reapproximated with interrupted Maxon 2-0 sutures. Skin incisions are closed with subcuticular Vicryl 4-0.

Monitor for signs of infection; advance diet as tolerated. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-7MJ0B2-12506