

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: MCH

Date: 2025-01-27 13:01

Anesthésiste / Anesthetist: Dr. Aisha Patel

Chirurgien / Surgeon: Dr. Sarah Johnson

Assistant(s): Dr. resident Sophia Lee

Diagnostic préopératoire / Pre-operative diagnosis:

APPENDICITIS WITH FREE FLUID.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH FREE FLUID.

Opération / Operation:

OPEN APPENDECTOMY WITH PELVIC LAVAGE.

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

Anesthésie / Anesthesia: General anesthesia with nitrous oxide

Historique et constatations opératoires / History and operative findings:

Patient (12 years, female) presented with abdominal pain with diarrhea, markedly elevated WBC, elevated CRP. Imaging: MRI showing bowel wall thickening.

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

Patient in supine position. General anesthesia with nitrous oxide administered. Time-out was performed and abdomen prepped in sterile fashion. A small infraumbilical incision is made and the abdominal cavity is entered under direct vision. Additional 5 mm trocars are placed in the right and left lower quadrants under laparoscopic guidance. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. Appendix was thick-walled and surrounded by No abscess, but turbid fluid present. and No abnormal adhesions found. Incidental Meckel's diverticulum found and left in situ. Dissection is carried out to isolate the base of the appendix. The mesoappendix is dissected and the appendiceal artery is controlled with electrocautery. Absorbable ligatures are applied prior to amputation. Specimen placed in EndoCatch bag for removal. Copious irrigation is undertaken to ensure removal of all inflammatory debris. We close the fascia with Vicryl 3-0 in an interrupted fashion. Skin is approximated with interrupted nylon 4-0. Small serosal tear repaired intraoperatively.

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-N9QC63-10705