PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: St. Mary's Hospital Date: 2024-11-08 11:12

Anesthésiste / Anesthetist: Dr. John Evans
Chirurgien / Surgeon: Dr. Robert Tremblay
Assistant(s): Dr. resident Sophia Lee

Diagnostic préopératoire / Pre-operative diagnosis:
PERFORATED 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: General anesthesia with nitrous oxide

Historique et constatations opératoires / History and operative findings:

Patient (13 years, female) presented with diffuse abdominal pain localizing to RLQ, markedly elevated WBC, high CRP. Imaging: CT scan confirming appendicitis.

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

Patient in supine position. General endotracheal anesthesia 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. 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, minimal adhesions noted. The surgical field demonstrated perforated appendix with extensive surrounding inflammation. There was a contained abscess in the right lower quadrant. The omentum was wrapped around the inflamed appendix. Small serosal tear repaired intraoperatively. Meticulous dissection performed due to distorted anatomy. The appendiceal artery is ligated and divided. Endoscopic stapling is used for appendiceal division. Specimen placed in EndoCatch bag for removal. We lavage the abdomen extensively, paying particular attention to the pelvis and right gutter. Fascial closure is performed at the umbilical site using Vicryl 2-0. The skin is closed with Dermabond. Ovaries and uterus normal in female patients.

Postoperative imaging if fever persists. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-SZ2OKI-11951