PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Charles-LeMoyne Date: 2025-07-28 13:03

Anesthésiste / Anesthetist: Dr. Patricia Wong
Chirurgien / Surgeon: Dr. Marie-Claire Dubois
Assistant(s): Dr. resident Carlos Mendez

Diagnostic préopératoire / Pre-operative diagnosis:
ACUTE APPENDICITIS WITH PERITONITIS.
Diagnostic postopératoire / Post-operative diagnosis:
APPENDICITIS WITH MESENTERIC LYMPHADENITIS.

Opération / Operation:
LAPAROSCOPIC CONVERTED TO OPEN APPENDECTOMY.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with attached omentum
Anesthésie / Anesthesia: General anesthesia and epidural block

Historique et constatations opératoires / History and operative findings:

A 10-year-old male who presented with abdominal pain with vomiting. Initially evaluated 1 days prior and diagnosed with IBD. Now has normal WBC, normal CRP, no fever. Imaging: MRI demonstrating RLQ inflammation. Recent travel history may be relevant.

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. 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, extensive adhesions noted. The appendix was acutely inflamed with marked inflammation. Multiple small abscesses were encountered. Minimal adhesions were noted. No evidence of peritoneal carcinomatosis. Dissection is carried out to isolate the base of the appendix. The appendiceal artery is ligated and divided. We apply an endoscopic stapler to the base of the appendix and divide it. Specimen placed in EndoCatch bag for removal. Thorough irrigation of the abdominal cavity is performed, removing all purulent material. We close the fascia at the umbilical port with figure-of-eight sutures of Ethibond 2-0 and the skin with non-absorbable Prolene 4-0.

Repeat CBC and CRP postoperatively. The patient tolerated the procedure well with minimal blood loss.