

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU de Québec

Date: 2025-04-21 15:55

Anesthésiste / Anesthetist: Dr. Rachel Stein

Chirurgien / Surgeon: Dr. James Wilson

Assistant(s): Dr. resident John Paul

Diagnostic préopératoire / Pre-operative diagnosis:

ACUTE APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

PHLEGMONOUS APPENDICITIS.

Opération / Operation:

LAPAROSCOPIC CONVERTED TO OPEN APPENDECTOMY.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendicolith

Anesthésie / Anesthesia: General anesthesia with caudal block

Historique et constatations opératoires / History and operative findings:

Patient (14 years, male) presented with diffuse abdominal pain localizing to RLQ, markedly elevated WBC, normal CRP. Imaging: CT scan showing appendiceal abscess.

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

Patient in supine position. General anesthesia with regional block administered. Time-out was performed and abdomen prepped in sterile fashion. We make an infraumbilical incision of 1 cm, dissect the subcutaneous tissue bluntly and penetrate the abdominal cavity via an open technique. Single-incision laparoscopic port is used. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, moderate adhesions noted. Intraoperative examination revealed thick-walled appendix. Abscess cavity found in RLQ and irrigated. No significant adhesions. The surrounding tissues showed localized reaction. The appendix is mobilized using a combination of sharp and blunt dissection. The appendiceal mesentery is carefully taken down with harmonic scalpel. 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. Fascial closure is performed at the umbilical site using PDS 2-0. The skin is closed with subcuticular Vicryl 4-0. No technical difficulties encountered during surgery.

Continue surgical care with antibiotic therapy and diet advancement as tolerated. Minimal intraoperative blood loss. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-EMC12H-13881