

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Charles-LeMoynes

Date: 2024-10-30 20:50

Anesthésiste / Anesthetist: Dr. Omar Fahmy

Chirurgien / Surgeon: Dr. Martin Levesque

Assistant(s): Dr. resident Sophia Lee

Diagnostic préopératoire / Pre-operative diagnosis:

SUPPURATIVE APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

SUPPURATIVE APPENDICITIS.

Opération / Operation:

OPEN APPENDECTOMY.

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

Anesthésie / Anesthesia: General anesthesia with caudal block

Historique et constatations opératoires / History and operative findings:

Patient (16 years, non-binary) presented with RLQ tenderness and guarding, markedly elevated WBC, elevated CRP. Imaging: ultrasound showing perforated appendicitis. Past medical history is otherwise unremarkable. Recent travel history may be relevant.

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

Patient in supine position. General anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. A vertical infraumbilical incision is made and carried down to the fascia which is incised sharply. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. Intraoperative examination revealed friable appendix. There was a contained abscess in the right lower quadrant. Severe adhesions required careful lysis. The surrounding tissues showed patchy reaction. No intraoperative complications occurred. The appendix is mobilized using a combination of sharp and blunt dissection. Mesenteric vessels to the appendix are secured prior to removal. The appendix is ligated at its base with two absorbable sutures and then amputated. Specimen placed in EndoCatch bag for removal. Copious irrigation is undertaken to ensure removal of all inflammatory debris. Fascial closure is performed at the umbilical site using PDS 3-0. The skin is closed with interrupted silk 4-0.

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

Case ID: CASE-Y1FWZP-13088