PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Notre-Dame Date: 2025-08-27 19:54

Anesthésiste / Anesthetist: Dr. John Evans
Chirurgien / Surgeon: Dr. Daniel Fortin
Assistant(s): Dr. resident Jake Turner

Diagnostic préopératoire / Pre-operative diagnosis:
APPENDICITIS WITH BOWEL OBSTRUCTION.
Diagnostic postopératoire / Post-operative diagnosis:
ACUTE APPENDICITIS.

Opération / Operation:
LAPAROSCOPIC APPENDECTOMY.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and inflamed tissue
Anesthésie / Anesthesia: Total intravenous anesthesia

Historique et constatations opératoires / History and operative findings:

Patient (16 years, male) presented with abdominal pain with fever, markedly elevated WBC, elevated CRP. Imaging: ultrasound reporting lymphadenopathy. Past medical history is otherwise unremarkable.

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

Patient in supine position. General anesthesia with mask induction 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. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. The surgical field demonstrated shrunken appendix with intense surrounding inflammation. A small localized abscess was found and drained. Fibrinous adhesions were lysed during the procedure. Appendix is isolated after adhesiolysis. The mesoappendix is divided using a bipolar energy device. The base of the appendix is healthy and we place three EndoLoops - two proximal and one distal - before transecting the appendix. Specimen placed in EndoCatch bag for removal. We lavage the abdomen extensively, paying particular attention to the pelvis and right gutter. All port sites closed with interrupted silk 4-0.

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

Case ID: CASE-WNCT8F-11915