PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Charles-LeMoyne Date: 2023-11-03 20:16

Anesthésiste / Anesthetist: Dr. Claire Dubois
Chirurgien / Surgeon: Dr. Samuel Lee
Assistant(s): Dr. resident John Paul

Diagnostic préopératoire / Pre-operative diagnosis:
APPENDICITIS MIMICKING OVARIAN PATHOLOGY.
Diagnostic postopératoire / Post-operative diagnosis:
APPENDICITIS WITH LOCALIZED PERITONITIS.

Opération / Operation:
OPEN APPENDECTOMY.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and peri-appendiceal tissue
Anesthésie / Anesthesia: General anesthesia

Historique et constatations opératoires / History and operative findings:

A 15-year-old female who presented with right lower quadrant pain. Initially evaluated 1 days prior and diagnosed with IBD. Now has markedly elevated WBC, elevated CRP, no fever. Imaging: CT scan showing appendiceal abscess.

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

Patient in supine position. General anesthesia with caudal block administered. Time-out was performed and abdomen prepped in sterile fashion. Transverse infraumbilical incision is performed and access gained via blunt dissection. 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, significant adhesions noted. Appendix was ruptured and surrounded by A moderate amount of purulent material was present in the pelvis. and No significant adhesions. Meticulous dissection performed due to distorted anatomy. We dissect the mesentery of the appendix and use the electrocautery to coagulate the artery. 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 irrigate the abdominal cavity copiously with warm saline until the effluent is clear. We close the fascia with Polysorb 2-0 in a interrupted fashion. Skin is approximated with subcuticular Monocryl 4-0. No evidence of peritoneal carcinomatosis.

Patient will remain on IV antibiotics with gradual diet advancement as per surgery protocol. The patient tolerated the procedure well with minimal blood loss.