

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Ste-Agathe Hospital

Date: 2025-09-13 13:53

Anesthésiste / Anesthetist: Dr. Claire Dubois

Chirurgien / Surgeon: Dr. Olivia Davis

Assistant(s): Dr. resident Zoe Tremblay

Diagnostic préopératoire / Pre-operative diagnosis:

APPENDICITIS WITH INTUSSUSCEPTION.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH MESENTERIC LYMPHADENITIS.

Opération / Operation:

APPENDECTOMY WITH LYSIS OF ADHESIONS.

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

Anesthésie / Anesthesia: General anesthesia with nitrous oxide

Historique et constatations opératoires / History and operative findings:

A 5-year-old female with 3 days history of diffuse abdominal pain localizing to RLQ. Failed conservative management for IBD. Imaging: CT scan revealing free fluid.

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. Direct trocar insertion after skin and fascia incision. 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, diffuse adhesions noted. Intraoperative examination revealed friable appendix. No pus or abscess formation found. Minimal adhesions were noted. The surrounding tissues showed diffuse reaction. No intraoperative complications occurred. We proceed with careful dissection of the appendiceal attachments. We dissect the mesentery of the appendix and use the electrocautery to coagulate the artery. We apply an endoscopic stapler to the base of the appendix and divide it. Specimen placed in EndoCatch bag for removal. Saline is used for thorough irrigation of all quadrants. Umbilical port site is closed with Ethibond 2-0 and skin with non-absorbable Prolene 4-0.

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

Case ID: CASE-F5QH2U-12195