

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital de Verdun

Date: 2024-05-18 20:41

Anesthésiste / Anesthetist: Dr. Thomas White

Chirurgien / Surgeon: Dr. James Wilson

Assistant(s): Dr. resident Zoe Tremblay

Diagnostic préopératoire / Pre-operative diagnosis:

COMPLICATED APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH EXTENSIVE ADHESIONS.

Opération / Operation:

LAPAROSCOPIC CONVERTED TO OPEN APPENDECTOMY.

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

Anesthésie / Anesthesia: General anesthesia with nitrous oxide

Historique et constatations opératoires / History and operative findings:

A 7-year-old non-binary with 3 days history of diffuse abdominal pain localizing to RLQ. Failed conservative management for IBD. Imaging: CT scan confirming appendicitis. Past medical history is otherwise unremarkable.

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

Patient in supine position. General anesthesia with local infiltration administered. Time-out was performed and abdomen prepped in sterile fashion. Incision is made in left lower quadrant for open conversion. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, minimal adhesions noted. The surgical field demonstrated ruptured appendix with mild surrounding inflammation. Abscess cavity found in RLQ and irrigated. No significant adhesions. Meticulous dissection performed due to distorted anatomy. The appendiceal mesentery is carefully taken down with harmonic scalpel. The appendix is ligated at its base with two absorbable sutures and then amputated. Specimen placed in EndoCatch bag for removal. Abdominal lavage performed until clear. Fascial closure is performed at the umbilical site using Polysorb 2-0. The skin is closed with non-absorbable Prolene 4-0.

Monitor wound sites for infection. No intraoperative complications occurred. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-RDU03R-13600