

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Montreal Children's

Date: 2023-10-15 08:04

Anesthésiste / Anesthetist: Dr. Paul Anderson

Chirurgien / Surgeon: Dr. Ahmed Khan

Assistant(s): Dr. resident Marc Gagnon

Diagnostic préopératoire / Pre-operative diagnosis:

ACUTE APPENDICITIS WITH PERITONITIS.

Diagnostic postopératoire / Post-operative diagnosis:

ACUTE APPENDICITIS WITH PERITONITIS.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY WITH DRAINAGE OF ABSCESS.

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

Anesthésie / Anesthesia: General anesthesia with mask induction

Historique et constatations opératoires / History and operative findings:

15-year-old male with 3 days abdominal pain, elevated WBC, normal CRP, low-grade fever. Imaging: CT scan showing appendiceal abscess. no prior abdominal surgery. Past medical history is otherwise unremarkable.

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

Patient in supine position. Total intravenous anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. Direct trocar insertion after skin and fascia incision. 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. Intraoperative examination revealed distended appendix. A moderate amount of purulent material was present in the pelvis. Multiple bowel loops adherent to the mass. The surrounding tissues showed intense reaction. Dissection is carried out to isolate the base of the appendix. The mesoappendix is dissected and the appendiceal artery is controlled with electrocautery. We apply an endoscopic stapler to the base of the appendix and divide it. Specimen placed in EndoCatch bag for removal. We lavage the abdomen extensively, paying particular attention to the pelvis and right gutter. Umbilical port site is closed with Vicryl 3-0 and skin with interrupted silk 4-0.

The patient will be continued on IV antibiotics and advanced to diet as tolerated. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-V79Y3N-10775