

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Charles-LeMoyne

Date: 2024-11-21 03:19

Anesthésiste / Anesthetist: Dr. Claire Dubois

Chirurgien / Surgeon: Dr. Ahmed Khan

Assistant(s): Dr. resident Leo Morel

Diagnostic préopératoire / Pre-operative diagnosis:

APPENDICITIS WITH BOWEL OBSTRUCTION.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH PERITONEAL CONTAMINATION.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY WITH IRRIGATION AND DRAINAGE.

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

Anesthésie / Anesthesia: General endotracheal anesthesia

Historique et constatations opératoires / History and operative findings:

Pediatric patient (4, female) presenting with acute onset abdominal pain with fever. History: previous similar episode. Imaging confirmed appendicitis. 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. We place two additional trocars, one in the suprapubic region and one in the left lower quadrant, both under direct vision. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. Intraoperative examination revealed thick-walled appendix. A small localized abscess was found and drained. Multiple bowel loops adherent to the mass. The surrounding tissues showed persistent reaction. No evidence of malignancy. We carefully dissect the inflammatory mass and identify the perforated appendix. Mesenteric vessels to the appendix are secured prior to removal. 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. Abdominal lavage performed until clear. Fascial closure is performed at the umbilical site using PDS 2-0. The skin is closed with interrupted nylon 4-0.

Postoperative imaging if fever persists. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-WA38OW-14107