

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Pierre-Boucher

Date: 2024-07-03 07:02

Anesthésiste / Anesthetist: Dr. Thomas White

Chirurgien / Surgeon: Dr. Ahmed Khan

Assistant(s): Dr. resident Carlos Mendez

Diagnostic préopératoire / Pre-operative diagnosis:

ACUTE APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH MESENTERIC LYMPHADENITIS.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY WITH IRRIGATION AND DRAINAGE.

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

Anesthésie / Anesthesia: General endotracheal anesthesia

Historique et constatations opératoires / History and operative findings:

12-year-old female with 3 days abdominal pain, markedly elevated WBC, high CRP, low-grade fever. Imaging: CT scan showing appendiceal abscess. recent travel. Past medical history is otherwise unremarkable.

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

Patient in supine position. General anesthesia with regional block administered. Time-out was performed and abdomen prepped in sterile fashion. A vertical infraumbilical incision is made and carried down to the fascia which is incised sharply. Two working ports are established in the right and left lower quadrants. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, diffuse adhesions noted. The surgical field demonstrated thick-walled appendix with moderate surrounding inflammation. Multiple small abscesses were encountered. Multiple bowel loops adherent to the mass. No evidence of peritoneal carcinomatosis. Blunt dissection is used to free the appendix from surrounding structures. The mesoappendix is dissected and the appendiceal artery is controlled with electrocautery. 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. We close the fascia at the umbilical port with figure-of-eight sutures of Ethibond 2-0 and the skin with non-absorbable Prolene 4-0.

IV fluids and pain management as per protocol. No evidence of peritoneal carcinomatosis. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-HD6R39-13002