

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Pierre-Boucher

Date: 2025-05-08 03:22

Anesthésiste / Anesthetist: Dr. Thomas White

Chirurgien / Surgeon: Dr. Paul Lambert

Assistant(s): Dr. resident Carlos Mendez

Diagnostic préopératoire / Pre-operative diagnosis:

APPENDICITIS WITH BOWEL OBSTRUCTION.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH BOWEL OBSTRUCTION.

Opération / Operation:

LAPAROSCOPIC CONVERTED TO OPEN APPENDECTOMY.

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

Anesthésie / Anesthesia: General anesthesia with local infiltration

Historique et constatations opératoires / History and operative findings:

5-year-old female with 2 days abdominal pain. Treated for urinary tract infection; symptoms persisted. Imaging: CT scan revealing free fluid.

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

Patient in supine position. General anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. Transverse infraumbilical incision is performed and access gained via blunt dissection. Single-incision laparoscopic port is used. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. The appendix was sclerotic with fluctuating inflammation. No pus or abscess formation found. Dense adhesions were encountered during dissection. No bowel injury noted. We carefully dissect the inflammatory mass and identify the necrotic appendix. Appendiceal vessels controlled with clips. Endoscopic stapling is used for appendiceal division. Specimen placed in EndoCatch bag for removal. Saline is used for thorough irrigation of all quadrants. All port sites closed with Steri-Strips.

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

Case ID: CASE-NZOEJ5-12428