PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital de Verdun Date: 2025-05-25 07:30

Anesthésiste / Anesthetist: Dr. Julia Miller
Chirurgien / Surgeon: Dr. Marie-Claire Dubois
Assistant(s): Dr. resident Marc Gagnon

Diagnostic préopératoire / Pre-operative diagnosis:
SUPPURATIVE APPENDICITIS.
Diagnostic postopératoire / Post-operative diagnosis:
APPENDICITIS WITH HEMORRHAGE.

Opération / Operation:
OPEN APPENDECTOMY WITH PELVIC LAVAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and abscess wall
Anesthésie / Anesthesia: Total intravenous anesthesia

Historique et constatations opératoires / History and operative findings:

A 17-year-old male who presented with abdominal pain and constipation. Initially evaluated 1 days prior and diagnosed with gastroesophageal reflux. Now has markedly elevated WBC, elevated CRP, low-grade fever. Imaging: ultrasound showing phlegmonous appendicitis. Recent travel history may be relevant.

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

Patient in supine position. General endotracheal anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. We create a 1 cm infraumbilical incision and enter the abdomen using the Hasson technique. 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. Intraoperative examination revealed ruptured appendix. No abscess was identified. Multiple bowel loops adherent to the mass. The surrounding tissues showed diffuse reaction. We carefully dissect the inflammatory mass and identify the necrotic appendix. The appendiceal artery is ligated and divided. Absorbable ligatures are applied prior to amputation. Specimen placed in EndoCatch bag for removal. Copious irrigation is undertaken to ensure removal of all inflammatory debris. Fascial closure is performed at the umbilical site using PDS 2-0. The skin is closed with interrupted nylon 4-0.

Monitor wound sites for infection. Minor bleeding controlled with cautery. The patient tolerated the procedure well with minimal blood loss.