PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital de Verdun Date: 2025-06-10 18:55

Anesthésiste / Anesthetist: Dr. Rachel Stein

Chirurgien / Surgeon: Dr. Sarah Johnson

Assistant(s): Dr. resident Marc Gagnon

Diagnostic préopératoire / Pre-operative diagnosis:

LOCALIZED PERITONITIS SECONDARY TO APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH EXTENSIVE ADHESIONS.

Opération / Operation:

APPENDECTOMY WITH INTRA-ABDOMINAL DRAINAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and inflamed tissue

Anesthésie / Anesthesia: General anesthesia and epidural block

Historique et constatations opératoires / History and operative findings:

15-year-old female with several hours abdominal pain, elevated WBC, elevated CRP, low-grade fever. Imaging: ultrasound showing phlegmonous appendicitis. recent travel.

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. 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 friable appendix. Multiple small abscesses were encountered. The omentum was wrapped around the inflamed appendix. The surrounding tissues showed fluctuating reaction. No technical difficulties encountered during surgery. We carefully dissect the inflammatory mass and identify the ruptured appendix. We dissect the mesentery of the appendix and use the electrocautery to coagulate the artery. Base of appendix secured with purse-string suture prior to removal. Specimen placed in EndoCatch bag for removal. Irrigation performed with antibiotic solution. We close the fascia at the umbilical port with figure-of-eight sutures of Ethibond 2-0 and the skin with subcuticular Vicryl 4-0. Minimal intraoperative blood loss.

Repeat CBC and CRP postoperatively. The patient tolerated the procedure well with minimal blood loss.