PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Maisonneuve-Rosemont Date: 2025-04-04 03:34

Anesthésiste / Anesthetist: Dr. Lisa Garcia
Chirurgien / Surgeon: Dr. Robert Tremblay
Assistant(s): Dr. resident John Paul

Diagnostic préopératoire / Pre-operative diagnosis:
APPENDICITIS WITH SEPSIS.
Diagnostic postopératoire / Post-operative diagnosis:
APPENDICITIS WITH BOWEL OBSTRUCTION.

Opération / Operation:
APPENDECTOMY WITH INTRA-ABDOMINAL DRAINAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with attached omentum
Anesthésie / Anesthesia: General anesthesia with local infiltration

Historique et constatations opératoires / History and operative findings:

10-year-old female with several hours abdominal pain. Treated for Crohn's disease; symptoms persisted. Imaging: CT scan showing peri-appendiceal fluid. Past medical history is otherwise unremarkable.

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

Patient in supine position. General anesthesia with caudal block administered. Time-out was performed and abdomen prepped in sterile fashion. Incision is made in left lower quadrant for open conversion. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, diffuse adhesions noted. Findings include gangrenous appendix with fluctuating inflammatory changes. No abscess, but turbid fluid present. Mild adhesions between bowel loops observed. Small serosal tear repaired intraoperatively. Dissection is carried out to isolate the base of the appendix. The appendiceal mesentery is carefully taken down with harmonic scalpel. We apply an endoscopic stapler to the base of the appendix and divide it. Specimen placed in EndoCatch bag for removal. We irrigate the abdominal cavity copiously with warm saline until the effluent is clear. We close the fascia with Maxon 2-0 in a interrupted fashion. Skin is approximated with subcuticular Monocryl 4-0. No evidence of peritoneal carcinomatosis.

Consult infectious disease if antibiotics need adjustment. The patient tolerated the procedure well with minimal blood loss.