

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: MCH

Date: 2025-06-08 11:04

Anesthésiste / Anesthetist: Dr. David Smith

Chirurgien / Surgeon: Dr. Olivia Davis

Assistant(s): Dr. resident John Paul

Diagnostic préopératoire / Pre-operative diagnosis:

COMPLICATED APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

ACUTE APPENDICITIS.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY WITH IRRIGATION AND DRAINAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix

Anesthésie / Anesthesia: General anesthesia with local infiltration

Historique et constatations opératoires / History and operative findings:

A 9-year-old male who presented with abdominal pain with palpable mass. Initially evaluated 1 days prior and diagnosed with mesenteric adenitis. Now has elevated WBC, elevated CRP, high fever. Imaging: ultrasound showing appendicitis. 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. Transverse infraumbilical incision is performed and access gained via blunt dissection. Accessory port placed in epigastric region. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, minimal adhesions noted. Appendix appeared hyperemic, surrounded by marked inflammatory reaction. No abscess was identified. No abnormal adhesions found. No technical difficulties encountered during surgery. Surrounding omentum and bowel are separated from the inflammatory mass. The appendiceal artery is ligated and divided. Base of appendix secured with purse-string suture prior to removal. Specimen placed in EndoCatch bag for removal. Thorough irrigation of the abdominal cavity is performed, removing all purulent material. Fascial closure is performed at the umbilical site using Polysorb 2-0. The skin is closed with subcuticular Monocryl 4-0.

Continue surgical care with antibiotic therapy and diet advancement as tolerated. Patient tolerated procedure well. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-IX8IXG-14180