

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Notre-Dame

Date: 2023-12-29 16:02

Anesthésiste / Anesthetist: Dr. Omar Fahmy

Chirurgien / Surgeon: Dr. Sophie Chen

Assistant(s): Dr. resident Lucas Martin

Diagnostic préopératoire / Pre-operative diagnosis:

APPENDICITIS WITH INTUSSUSCEPTION.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH EXTENSIVE ADHESIONS.

Opération / Operation:

APPENDECTOMY WITH REMOVAL OF APPENDICOLITH.

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

Anesthésie / Anesthesia: General anesthesia with mask induction

Historique et constatations opératoires / History and operative findings:

Pediatric patient (7, non-binary) presenting with acute onset abdominal pain and constipation. History: no prior abdominal surgery. Imaging confirmed appendicitis. Past medical history is otherwise unremarkable.

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. Incision is made in left lower quadrant for open conversion. We place two additional trocars, one in the suprapubic region and one in the left lower quadrant, both under direct vision. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. The surgical field demonstrated phlegmonous appendix with intense surrounding inflammation. Multiple small abscesses were encountered. Minimal adhesions were noted. No technical difficulties encountered during surgery. Appendix is isolated after adhesiolysis. Mesenteric vessels to the appendix are secured prior to removal. We apply an endoscopic stapler to the base of the appendix and divide it. Specimen placed in EndoCatch bag for removal. Irrigation performed with antibiotic solution. Fascial closure is performed at the umbilical site using Vicryl 2-0. The skin is closed with interrupted silk 4-0.

Continue surgical care with antibiotic therapy and diet advancement as tolerated. No need for drains postoperatively. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-4AZF57-13143