

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU de Québec

Date: 2025-02-15 01:44

Anesthésiste / Anesthetist: Dr. Paul Anderson

Chirurgien / Surgeon: Dr. Marie-Claire Dubois

Assistant(s): Dr. resident John Paul

Diagnostic préopératoire / Pre-operative diagnosis:

PHLEGMONOUS APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH EXTENSIVE ADHESIONS.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY WITH IRRIGATION AND DRAINAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and peri-appendiceal tissue

Anesthésie / Anesthesia: General anesthesia with mask induction

Historique et constatations opératoires / History and operative findings:

1-year-old non-binary with 3 days abdominal pain. Treated for Crohn's disease; symptoms persisted. Imaging: ultrasound suggestive of appendicitis.

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

Patient in supine position. Total intravenous anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. Incision is made in left lower quadrant for open conversion. Additional 5 mm trocars are placed in the right and left lower quadrants under laparoscopic guidance. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. Operative findings included suppurative appendix and moderate inflammation. There was a contained abscess in the right lower quadrant. The omentum was wrapped around the inflamed appendix. The appendix is mobilized using a combination of sharp and blunt dissection. The appendiceal artery is ligated and divided. Endoscopic stapling is used for appendiceal division. Specimen placed in EndoCatch bag for removal. Abdominal lavage performed until clear. The umbilical fascia is reapproximated with interrupted Ethibond 2-0 sutures. Skin incisions are closed with interrupted nylon 4-0.

Patient will remain on IV antibiotics with gradual diet advancement as per surgery protocol. Minor bleeding controlled with cautery. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-PBZ18S-13051