PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital de Verdun Date: 2024-12-27 11:28

Anesthésiste / Anesthetist: Dr. Claire Dubois
Chirurgien / Surgeon: Dr. Martin Levesque
Assistant(s): Dr. resident Fatima Sheikh

Diagnostic préopératoire / Pre-operative diagnosis:
SUPPURATIVE APPENDICITIS.
Diagnostic postopératoire / Post-operative diagnosis:
SUPPURATIVE APPENDICITIS.

Opération / Operation:
LAPAROSCOPIC CONVERTED TO OPEN APPENDECTOMY.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and peri-appendiceal tissue
Anesthésie / Anesthesia: General anesthesia with nitrous oxide

Historique et constatations opératoires / History and operative findings:

13-year-old female with several hours abdominal pain, markedly elevated WBC, normal CRP, low-grade fever. Imaging: MRI demonstrating RLQ inflammation. family history of 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. We make an infraumbilical incision of 1 cm, dissect the subcutaneous tissue bluntly and penetrate the abdominal cavity via an open technique. 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. The surgical field demonstrated thick-walled appendix with patchy surrounding inflammation. No pus or abscess formation found. The omentum was wrapped around the inflamed appendix. Blunt dissection is used to free the appendix from surrounding structures. 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. Thorough irrigation of the abdominal cavity is performed, removing all purulent material. All port sites closed with non-absorbable Prolene 4-0.

The patient will be continued on IV antibiotics and advanced to diet as tolerated. No technical difficulties encountered during surgery. The patient tolerated the procedure well with minimal blood loss.