

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: MCH

Date: 2024-02-27 22:17

Anesthésiste / Anesthetist: Dr. Amélie Moreau

Chirurgien / Surgeon: Dr. Isabelle Girard

Assistant(s): Dr. resident Emily Clark

Diagnostic préopératoire / Pre-operative diagnosis:

APPENDICITIS WITH SEPSIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH LOCALIZED PERITONITIS.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with attached omentum

Anesthésie / Anesthesia: General anesthesia and epidural block

Historique et constatations opératoires / History and operative findings:

Patient (13 years, non-binary) presented with abdominal pain with anorexia, normal WBC, elevated CRP. Imaging: ultrasound suggestive of appendicitis. Past medical history is otherwise unremarkable.

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

Patient in supine position. General anesthesia and epidural block administered. Time-out was performed and abdomen prepped in sterile fashion. Transverse infraumbilical incision is performed and access gained via blunt dissection. Single-incision laparoscopic port is used. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, minimal adhesions noted. Appendix was thick-walled and surrounded by Abscess cavity found in RLQ and irrigated. and Mild adhesions between bowel loops observed. We proceed with careful dissection of the appendiceal attachments. Mesenteric vessels to the appendix are secured prior to removal. The base of the appendix is healthy and we place three EndoLoops - two proximal and one distal - before transecting the appendix. Specimen placed in EndoCatch bag for removal. We irrigate the abdominal cavity copiously with warm saline until the effluent is clear. The umbilical fascia is reapproximated with interrupted Ethibond 2-0 sutures. Skin incisions are closed with Steri-Strips.

Repeat CBC and CRP postoperatively. Small serosal tear repaired intraoperatively. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-M00QYN-11291