PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: MCH Date: 2025-08-16 16:52

Anesthésiste / Anesthetist: Dr. Omar Fahmy
Chirurgien / Surgeon: Dr. Martin Levesque
Assistant(s): Dr. resident Maya Singh

Diagnostic préopératoire / Pre-operative diagnosis:
APPENDICITIS MIMICKING OVARIAN PATHOLOGY.
Diagnostic postopératoire / Post-operative diagnosis:
APPENDICITIS MIMICKING OVARIAN PATHOLOGY.

Opération / Operation:
LAPAROSCOPIC APPENDECTOMY WITH IRRIGATION AND DRAINAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and inflamed tissue
Anesthésie / Anesthesia: General anesthesia with caudal block

Historique et constatations opératoires / History and operative findings:

A 8-year-old female who presented with abdominal pain with rebound tenderness. Initially evaluated 4 days prior and diagnosed with mesenteric adenitis. Now has markedly elevated WBC, normal CRP, high fever. Imaging: CT scan showing appendiceal abscess.

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. We make an infraumbilical incision of 1 cm, dissect the subcutaneous tissue bluntly and penetrate the abdominal cavity via an open technique. 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. The appendix was acutely inflamed with mild inflammation. Purulent fluid was noted throughout the abdominal cavity. Minimal adhesions were noted. No need for drains postoperatively. Blunt dissection is used to free the appendix from surrounding structures. The appendiceal mesentery is carefully taken down with harmonic scalpel. The appendix is ligated at its base with two absorbable sutures and then amputated. 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 Polysorb 2-0 sutures. Skin incisions are closed with interrupted silk 4-0.

Postoperative imaging if fever persists. The patient tolerated the procedure well with minimal blood loss.