

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Maisonneuve-Rosemont

Date: 2024-06-26 18:30

Anesthésiste / Anesthetist: Dr. Michael Brown

Chirurgien / Surgeon: Dr. Paul Lambert

Assistant(s): Dr. resident Lucas Martin

Diagnostic préopératoire / Pre-operative diagnosis:

LOCALIZED PERITONITIS SECONDARY TO APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH BOWEL OBSTRUCTION.

Opération / Operation:

OPEN APPENDECTOMY.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with surrounding lymph nodes

Anesthésie / Anesthesia: Total intravenous anesthesia

Historique et constatations opératoires / History and operative findings:

A 17-year-old male with 1 day history of abdominal pain with lethargy. Failed conservative management for mesenteric adenitis. Imaging: ultrasound showing perforated appendicitis. Past medical history is otherwise unremarkable.

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

Patient in supine position. General anesthesia with local infiltration administered. Time-out was performed and abdomen prepped in sterile fashion. Direct trocar insertion after skin and fascia incision. Two working ports are established in the right and left lower quadrants. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. The surgical field demonstrated necrotic appendix with moderate surrounding inflammation. A large pelvic abscess was present and evacuated. Mild adhesions between bowel loops observed. We proceed with careful dissection of the appendiceal attachments. We dissect the mesentery of the appendix and use the electrocautery to coagulate the artery. Endoscopic stapling is used for appendiceal division. Specimen placed in EndoCatch bag for removal. Irrigation performed with antibiotic solution. We close the fascia with Maxon 2-0 in a interrupted fashion. Skin is approximated with interrupted silk 4-0. No intraoperative complications occurred.

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

Case ID: CASE-3055CJ-12045