PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU de Québec Date: 2024-01-17 15:20

Anesthésiste / Anesthetist: Dr. Kevin Zhang
Chirurgien / Surgeon: Dr. Sarah Johnson
Assistant(s): Dr. resident Ethan Wright

Diagnostic préopératoire / Pre-operative diagnosis:
LOCALIZED PERITONITIS SECONDARY TO APPENDICITIS.
Diagnostic postopératoire / Post-operative diagnosis:
APPENDICITIS WITH HEMORRHAGE.

Opération / Operation:
LAPAROSCOPIC APPENDECTOMY.

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

Historique et constatations opératoires / History and operative findings:

Patient (10 years, non-binary) presented with right lower quadrant pain, markedly elevated WBC, normal CRP. Imaging: ultrasound with non-visualized appendix and secondary signs.

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

Patient in supine position. General anesthesia with caudal block administered. Time-out was performed and abdomen prepped in sterile fashion. A small infraumbilical incision is made and the abdominal cavity is entered under direct vision. Single-incision laparoscopic port is used. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. The surgical field demonstrated shrunken appendix with intense surrounding inflammation. No pus or abscess formation found. The appendix was adhered to surrounding structures. No intraoperative complications occurred. Blunt dissection is used to free the appendix from surrounding structures. The mesoappendix is divided using a bipolar energy device. Absorbable ligatures are applied prior to amputation. Specimen placed in EndoCatch bag for removal. Saline is used for thorough irrigation of all quadrants. We close the fascia with Polysorb 2-0 in a interrupted fashion. Skin is approximated with interrupted silk 4-0.

The patient will be continued on IV antibiotics and advanced to diet as tolerated. Small serosal tear repaired intraoperatively. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-3A0R1F-13371