PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Ste-Agathe Hospital Date: 2024-12-04 22:10

Anesthésiste / Anesthetist: Dr. Camille Roy

Chirurgien / Surgeon: Dr. Isabelle Girard

Assistant(s): Dr. resident Jennifer Park

Diagnostic préopératoire / Pre-operative diagnosis:

ACUTE APPENDICITIS WITH PERITONITIS.

Diagnostic postopératoire / Post-operative diagnosis:

PERFORATED APPENDICITIS WITH ABSCESS.

Opération / Operation:

LAPAROSCOPIC CONVERTED TO OPEN APPENDECTOMY.

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

Anesthésie / Anesthesia: General endotracheal anesthesia

Historique et constatations opératoires / History and operative findings:

13-year-old male with 2 days abdominal pain, elevated WBC, high CRP, low-grade fever. Imaging: CT scan revealing free fluid. no prior abdominal surgery. Recent travel history may be relevant.

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

Patient in supine position. General anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. We create a 1 cm infraumbilical incision and enter the abdomen using the Hasson 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, significant adhesions noted. Intraoperative examination revealed sclerotic appendix. Purulent fluid was noted throughout the abdominal cavity. Fibrinous adhesions were lysed during the procedure. The surrounding tissues showed diffuse reaction. Ovaries and uterus normal in female patients. We carefully dissect the inflammatory mass and identify the acutely inflamed appendix. We dissect the mesentery of the appendix and use the electrocautery to coagulate the artery. 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. Thorough irrigation of the abdominal cavity is performed, removing all purulent material. We close the fascia at the umbilical port with figure-of-eight sutures of Maxon 2-0 and the skin with subcuticular Vicryl 4-0.

IV fluids and pain management as per protocol. The patient tolerated the procedure well with minimal blood loss.