PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Pierre-Boucher Date: 2024-06-02 00:13

Anesthésiste / Anesthetist: Dr. Michael Brown
Chirurgien / Surgeon: Dr. Marie-Claire Dubois
Assistant(s): Dr. resident Zoe Tremblay

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

Opération / Operation:
APPENDECTOMY WITH INTRA-ABDOMINAL DRAINAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with attached omentum
Anesthésie / Anesthesia: Total intravenous anesthesia

Historique et constatations opératoires / History and operative findings:

Patient (13 years, male) presented with abdominal pain with elevated WBC, normal WBC, high CRP. Imaging: CT scan confirming appendicitis.

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

Patient in supine position. General anesthesia with nitrous oxide 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. We place two additional trocars, one in the suprapubic region and one in the left lower quadrant, both under direct vision. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. The appendix was gangrenous with fluctuating inflammation. No pus or abscess formation found. The appendix was adhered to surrounding structures. Patient tolerated procedure well. We carefully dissect the inflammatory mass and identify the thick-walled appendix. Mesenteric vessels to the appendix are secured prior to removal. The appendix is ligated at its base with two absorbable sutures and then amputated. Specimen placed in EndoCatch bag for removal. We lavage the abdomen extensively, paying particular attention to the pelvis and right gutter. We close the fascia with Vicryl 3-0 in a interrupted fashion. Skin is approximated with subcuticular Monocryl 4-0.

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