

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Jewish General Hospital

Date: 2025-04-24 10:45

Anesthésiste / Anesthetist: Dr. John Evans

Chirurgien / Surgeon: Dr. Martin Levesque

Assistant(s): Dr. resident John Paul

Diagnostic préopératoire / Pre-operative diagnosis:

APPENDICITIS WITH ABSCESS.

Diagnostic postopératoire / Post-operative diagnosis:

GANGRENOUS 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:

A 5-year-old female who presented with abdominal pain with rebound tenderness. Initially evaluated 1 days prior and diagnosed with viral syndrome. Now has markedly elevated WBC, elevated CRP, no fever. Imaging: CT scan showing appendiceal abscess.

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

Patient in supine position. General endotracheal anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. Direct trocar insertion after skin and fascia incision. 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. The surgical field demonstrated phlegmonous appendix with persistent surrounding inflammation. Multiple small abscesses were encountered. Fibrinous adhesions were lysed during the procedure. Surrounding omentum and bowel are separated from the inflammatory mass. We dissect the mesentery of the appendix and use the electrocautery to coagulate the artery. We secure the appendiceal base with two Endoloops and transect between them. 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 Maxon 2-0 sutures. Skin incisions are closed with interrupted nylon 4-0.

Consult infectious disease if antibiotics need adjustment. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-PZBCML-13111