

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Royal Victoria Hospital

Date: 2024-04-23 21:55

Anesthésiste / Anesthetist: Dr. David Smith

Chirurgien / Surgeon: Dr. Daniel Fortin

Assistant(s): Dr. resident Zoe Tremblay

Diagnostic préopératoire / Pre-operative diagnosis:

PHLEGMONOUS APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

PERFORATED APPENDICITIS WITH ABSCESS.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix

Anesthésie / Anesthesia: General anesthesia with nitrous oxide

Historique et constatations opératoires / History and operative findings:

Pediatric patient (16, female) presenting with acute onset abdominal pain with distention. History: no prior abdominal surgery. Imaging confirmed appendicitis. Recent travel history may be relevant.

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

Patient in supine position. General anesthesia with mask induction administered. Time-out was performed and abdomen prepped in sterile fashion. A vertical infraumbilical incision is made and carried down to the fascia which is incised sharply. Three trocars in total are used for laparoscopic access. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. Findings include acutely inflamed appendix with extensive inflammatory changes. A moderate amount of purulent material was present in the pelvis. Multiple bowel loops adherent to the mass. Dissection is carried out to isolate the base of the appendix. The appendiceal mesentery is carefully taken down with harmonic scalpel. Absorbable ligatures are applied prior to amputation. Specimen placed in EndoCatch bag for removal. Irrigation performed with antibiotic solution. Fascial closure is performed at the umbilical site using Polysorb 2-0. The skin is closed with Dermabond.

Monitor for signs of infection; advance diet as tolerated. No need for drains postoperatively. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-KH5N9Z-11536