

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU de Québec

Date: 2025-06-23 21:40

Anesthésiste / Anesthetist: Dr. Rachel Stein

Chirurgien / Surgeon: Dr. Elena Rodriguez

Assistant(s): Dr. resident Ethan Wright

Diagnostic préopératoire / Pre-operative diagnosis:

COMPLICATED APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH BOWEL OBSTRUCTION.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY WITH OMENTAL WRAPPING.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and abscess wall

Anesthésie / Anesthesia: General anesthesia with mask induction

Historique et constatations opératoires / History and operative findings:

Pediatric patient (6, non-binary) presenting with acute onset abdominal pain with anorexia. History: history of constipation. Imaging confirmed appendicitis.

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

Patient in supine position. General anesthesia with regional block 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. 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, moderate adhesions noted. Operative findings included friable appendix and moderate inflammation. Purulent fluid was noted throughout the abdominal cavity. Dense adhesions were encountered during dissection. No bowel injury noted. Blunt dissection is used to free the appendix from surrounding structures. We dissect the mesentery of the appendix and use the electrocautery to coagulate the artery. Endoscopic stapling is used for appendiceal division. Specimen placed in EndoCatch bag for removal. Irrigation performed with antibiotic solution. We close the fascia with PDS 3-0 in a interrupted fashion. Skin is approximated with interrupted nylon 4-0.

Discharge home when tolerating oral intake and afebrile. No mesenteric ischemia. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-Q8G4DO-13013