PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU de Québec Date: 2025-10-10 04:03

Anesthésiste / Anesthetist: Dr. John Evans
Chirurgien / Surgeon: Dr. Daniel Fortin
Assistant(s): Dr. resident Chloe Nguyen

Diagnostic préopératoire / Pre-operative diagnosis:
ACUTE APPENDICITIS.
Diagnostic postopératoire / Post-operative diagnosis:
APPENDICITIS WITH MESENTERIC LYMPHADENITIS.

Opération / Operation:
OPEN APPENDECTOMY WITH PELVIC LAVAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and mesoappendix
Anesthésie / Anesthesia: Total intravenous anesthesia

Historique et constatations opératoires / History and operative findings:

A 3-year-old female with one week history of abdominal pain after trauma. Failed conservative management for gastroenteritis. Imaging: CT scan showing appendiceal abscess. Past medical history is otherwise unremarkable.

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. Transverse infraumbilical incision is performed and access gained via blunt dissection. 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. Appendix appeared gangrenous, surrounded by marked inflammatory reaction. Purulent fluid was noted throughout the abdominal cavity. The omentum was wrapped around the inflamed appendix. Surrounding omentum and bowel are separated from the inflammatory mass. The mesoappendix is divided using a bipolar energy device. We secure the appendiceal base with two Endoloops and transect between them. Specimen placed in EndoCatch bag for removal. Saline is used for thorough irrigation of all quadrants. We close the fascia with Maxon 2-0 in a interrupted fashion. Skin is approximated with interrupted silk 4-0.

Discharge home when tolerating oral intake and afebrile. The patient tolerated the procedure well with minimal blood loss.