

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital de Verdun

Date: 2025-03-27 08:19

Anesthésiste / Anesthetist: Dr. Thomas White

Chirurgien / Surgeon: Dr. Samuel Lee

Assistant(s): Dr. resident Jake Turner

Diagnostic préopératoire / Pre-operative diagnosis:

ACUTE APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

ACUTE APPENDICITIS.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY WITH OMENTAL WRAPPING.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix

Anesthésie / Anesthesia: General anesthesia with local infiltration

Historique et constatations opératoires / History and operative findings:

4-year-old non-binary with one week abdominal pain. Treated for Crohn's disease; symptoms persisted. Imaging: CT scan showing appendiceal abscess. Past medical history is otherwise unremarkable. Recent travel history may be relevant.

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 create a 1 cm infraumbilical incision and enter the abdomen using the Hasson technique. Single-incision laparoscopic port is used. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, minimal adhesions noted. The surgical field demonstrated perforated appendix with patchy surrounding inflammation. No abscess, but turbid fluid present. Minimal adhesions were noted. Surrounding omentum and bowel are separated from the inflammatory mass. The appendiceal mesentery is carefully taken down with harmonic scalpel. Base of appendix secured with purse-string suture prior to removal. Specimen placed in EndoCatch bag for removal. Irrigation performed with antibiotic solution. The umbilical fascia is reapproximated with interrupted PDS 3-0 sutures. Skin incisions are closed with interrupted silk 4-0.

Patient to receive postoperative IV antibiotics with monitoring for return of bowel function. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-I7NOM6-12155