

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Ste-Agathe Hospital

Date: 2025-06-07 09:47

Anesthésiste / Anesthetist: Dr. Camille Roy

Chirurgien / Surgeon: Dr. Sarah Johnson

Assistant(s): Dr. resident Jake Turner

Diagnostic préopératoire / Pre-operative diagnosis:

LOCALIZED PERITONITIS SECONDARY TO APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH HEMORRHAGE.

Opération / Operation:

APPENDECTOMY WITH REMOVAL OF APPENDICOLITH.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with attached omentum

Anesthésie / Anesthesia: General endotracheal anesthesia

Historique et constatations opératoires / History and operative findings:

3-year-old male with 3 days abdominal pain. Treated for mesenteric adenitis; symptoms persisted. Imaging: CT scan showing appendiceal abscess.

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

Patient in supine position. General anesthesia with local infiltration administered. Time-out was performed and abdomen prepped in sterile fashion. Incision is made in left lower quadrant for open conversion. Three trocars in total are used for laparoscopic access. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. Appendix appeared phlegmonous, surrounded by persistent inflammatory reaction. There was a contained abscess in the right lower quadrant. Mild adhesions between bowel loops observed. Bladder and ureters visualized, no injury. We proceed with careful dissection of the appendiceal attachments. 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. We irrigate the abdominal cavity copiously with warm saline until the effluent is clear. Umbilical port site is closed with Maxon 2-0 and skin with interrupted nylon 4-0.

IV fluids and pain management as per protocol. Patient tolerated procedure well. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-MPV02O-10190