PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Maisonneuve-Rosemont Date: 2024-06-19 10:06

Anesthésiste / Anesthetist: Dr. Camille Roy
Chirurgien / Surgeon: Dr. James Wilson
Assistant(s): Dr. resident Zoe Tremblay

Diagnostic préopératoire / Pre-operative diagnosis:
APPENDICITIS MIMICKING OVARIAN PATHOLOGY.
Diagnostic postopératoire / Post-operative diagnosis:
APPENDICITIS MIMICKING OVARIAN PATHOLOGY.

Opération / Operation:
APPENDECTOMY WITH INTRA-ABDOMINAL DRAINAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with attached omentum
Anesthésie / Anesthesia: General anesthesia with nitrous oxide

Historique et constatations opératoires / History and operative findings:

A 10-year-old male who presented with diffuse abdominal pain localizing to RLQ. Initially evaluated 1 days prior and diagnosed with food poisoning. Now has markedly elevated WBC, normal CRP, low-grade fever. Imaging: CT scan confirming appendicitis.

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. Transverse infraumbilical incision is performed and access gained via blunt dissection. Accessory port placed in epigastric region. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, diffuse adhesions noted. Appendix appeared gangrenous, surrounded by fluctuating inflammatory reaction. Purulent fluid was noted throughout the abdominal cavity. Mild adhesions between bowel loops observed. Patient tolerated procedure well. We carefully dissect the inflammatory mass and identify the friable appendix. The mesoappendix is dissected and the appendiceal artery is controlled with electrocautery. Endoscopic stapling is used for appendiceal division. Specimen placed in EndoCatch bag for removal. We irrigate the abdominal cavity copiously with warm saline until the effluent is clear. Fascial closure is performed at the umbilical site using Vicryl 3-0. The skin is closed with subcuticular Vicryl 4-0.

Early ambulation and supportive care recommended. The patient tolerated the procedure well with minimal blood loss.