PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: St. Mary's Hospital Date: 2025-04-09 13:58

Anesthésiste / Anesthetist: Dr. Paul Anderson
Chirurgien / Surgeon: Dr. Martin Levesque
Assistant(s): Dr. resident Marc Gagnon

Diagnostic préopératoire / Pre-operative diagnosis:
ACUTE APPENDICITIS WITH PERITONITIS.
Diagnostic postopératoire / Post-operative diagnosis:
APPENDICITIS WITH PERITONEAL CONTAMINATION.

Opération / Operation:
OPEN APPENDECTOMY.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix
Anesthésie / Anesthesia: General anesthesia and epidural block

Historique et constatations opératoires / History and operative findings:

Pediatric patient (13, non-binary) presenting with acute onset diffuse abdominal pain localizing to RLQ. History: previous similar episode. Imaging confirmed appendicitis. Past medical history is otherwise unremarkable.

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

Patient in supine position. Total intravenous anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. Direct trocar insertion after skin and fascia incision. 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, significant adhesions noted. Operative findings included gangrenous appendix and diffuse inflammation. Purulent fluid was noted throughout the abdominal cavity. No significant adhesions. Surrounding omentum and bowel are separated from the inflammatory mass. We dissect the mesentery of the appendix and use the electrocautery to coagulate the artery. Base of appendix secured with purse-string suture prior to removal. Specimen placed in EndoCatch bag for removal. Saline is used for thorough irrigation of all quadrants. The umbilical fascia is reapproximated with interrupted Maxon 2-0 sutures. Skin incisions are closed with Steri-Strips. No evidence of malignancy.

Discharge home when tolerating oral intake and afebrile. Incidental Meckel's diverticulum found and left in situ. The patient tolerated the procedure well with minimal blood loss.