PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Jewish General Hospital Date: 2025-09-24 07:27

Anesthésiste / Anesthetist: Dr. Amélie Moreau
Chirurgien / Surgeon: Dr. Victor Chen
Assistant(s): Dr. resident Carlos Mendez

Diagnostic préopératoire / Pre-operative diagnosis:
APPENDICITIS WITH SEPSIS.
Diagnostic postopératoire / Post-operative diagnosis:
GANGRENOUS APPENDICITIS.

Opération / Operation:
LAPAROSCOPIC APPENDECTOMY WITH DRAINAGE OF ABSCESS.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with surrounding lymph nodes
Anesthésie / Anesthesia: General anesthesia with regional block

Historique et constatations opératoires / History and operative findings:

A 11-year-old non-binary who presented with abdominal pain with distention. Initially evaluated 4 days prior and diagnosed with ovarian cyst. Now has normal WBC, elevated CRP, no fever. Imaging: CT scan revealing free fluid. Recent travel history may be relevant.

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. Single-incision laparoscopic port is used. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. The appendix was suppurative with mild inflammation. Purulent fluid was noted throughout the abdominal cavity. No significant adhesions. The appendix is mobilized using a combination of sharp and blunt dissection. The appendiceal mesentery is carefully taken down with harmonic scalpel. We secure the appendiceal base with two Endoloops and transect between them. Specimen placed in EndoCatch bag for removal. We lavage the abdomen extensively, paying particular attention to the pelvis and right gutter. The umbilical fascia is reapproximated with interrupted Vicryl 3-0 sutures. Skin incisions are closed with Steri-Strips. Incidental Meckel's diverticulum found and left in situ.

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

Case ID: CASE-NZ6N2M-11312