

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Royal Victoria Hospital

Date: 2025-05-08 15:00

Anesthésiste / Anesthetist: Dr. Julia Miller

Chirurgien / Surgeon: Dr. Sophie Chen

Assistant(s): Dr. resident Sophia Lee

Diagnostic préopératoire / Pre-operative diagnosis:

**LOCALIZED PERITONITIS SECONDARY TO APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**PERFORATED APPENDICITIS WITH ABSCESS.**

Opération / Operation:

**APPENDECTOMY WITH LYSIS OF ADHESIONS.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix

Anesthésie / Anesthesia: General anesthesia with mask induction

## Historique et constatations opératoires / History and operative findings:

A 1-year-old female who presented with RLQ tenderness and guarding. Initially evaluated 1 days prior and diagnosed with Crohn's disease. 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 mask induction administered. Time-out was performed and abdomen prepped in sterile fashion. We make an infraumbilical incision of 1 cm, dissect the subcutaneous tissue bluntly and penetrate the abdominal cavity via an open technique. Three trocars in total are used for laparoscopic access. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. The surgical field demonstrated phlegmonous appendix with extensive surrounding inflammation. A large pelvic abscess was present and evacuated. Dense adhesions were encountered during dissection. The appendix is mobilized using a combination of sharp and blunt dissection. We dissect the mesentery of the appendix and use the electrocautery to coagulate the artery. The appendix is ligated at its base with two absorbable sutures and then amputated. Specimen placed in EndoCatch bag for removal. Saline is used for thorough irrigation of all quadrants. Umbilical port site is closed with Vicryl 3-0 and skin with Dermabond.

Early ambulation and supportive care recommended. No intraoperative complications occurred. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-3WBDGP-10155