

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Royal Victoria Hospital

Date: 2025-09-23 10:39

Anesthésiste / Anesthetist: Dr. Camille Roy

Chirurgien / Surgeon: Dr. Martin Levesque

Assistant(s): Dr. resident Leo Morel

Diagnostic préopératoire / Pre-operative diagnosis:

COMPLICATED APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

COMPLICATED APPENDICITIS.

Opération / Operation:

LAPAROSCOPIC APPENDECTOMY WITH OMENTAL WRAPPING.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and inflamed tissue

Anesthésie / Anesthesia: General anesthesia with regional block

Historique et constatations opératoires / History and operative findings:

11-year-old male with 3 days abdominal pain, markedly elevated WBC, high CRP, no fever. Imaging: CT scan showing appendiceal abscess. recent travel. Past medical history is otherwise unremarkable.

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

Patient in supine position. General endotracheal anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. We create a 1 cm infraumbilical incision and enter the abdomen using the Hasson technique. 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, extensive adhesions noted. The surgical field demonstrated thick-walled appendix with minimal surrounding inflammation. A small localized abscess was found and drained. The appendix was adhered to surrounding structures. We carefully dissect the inflammatory mass and identify the phlegmonous appendix. We dissect the mesentery of the appendix and use the electrocautery to coagulate the artery. Endoscopic stapling is used for appendiceal division. Specimen placed in EndoCatch bag for removal. Copious irrigation is undertaken to ensure removal of all inflammatory debris. All port sites closed with subcuticular Vicryl 4-0.

Consult infectious disease if antibiotics need adjustment. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-006934-10921