

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Montreal Children's

Date: 2024-10-14 02:56

Anesthésiste / Anesthetist: Dr. Michael Brown

Chirurgien / Surgeon: Dr. Marie-Claire Dubois

Assistant(s): Dr. resident Zoe Tremblay

Diagnostic préopératoire / Pre-operative diagnosis:

**COMPLICATED APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**APPENDICITIS WITH MESENTERIC LYMPHADENITIS.**

Opération / Operation:

**LAPAROSCOPIC CONVERTED TO OPEN APPENDECTOMY.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendicolith

Anesthésie / Anesthesia: General anesthesia with caudal block

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

A 1-year-old male with one week history of abdominal pain with rebound tenderness. Failed conservative management for IBD. Imaging: ultrasound showing perforated appendicitis.

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

Patient in supine position. General anesthesia with nitrous oxide 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. Accessory port placed in epigastric region. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, moderate adhesions noted. The surgical field demonstrated ruptured appendix with fluctuating surrounding inflammation. Abscess cavity found in RLQ and irrigated. No significant adhesions. Surrounding omentum and bowel are separated from the inflammatory mass. Appendiceal vessels controlled with clips. We secure the appendiceal base with two Endoloops and transect between them. Specimen placed in EndoCatch bag for removal. Saline is used for thorough irrigation of all quadrants. All port sites closed with subcuticular Monocryl 4-0.

Discharge home when tolerating oral intake and afebrile. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-WYQQN3-10608