

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Shriners Hospitals for Children

Date: 2025-03-23 13:52

Anesthésiste / Anesthetist: Dr. Thomas White

Chirurgien / Surgeon: Dr. James Wilson

Assistant(s): Dr. resident Chloe Nguyen

Diagnostic préopératoire / Pre-operative diagnosis:

**COMPLICATED APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**APPENDICITIS WITH EXTENSIVE ADHESIONS.**

Opération / Operation:

**APPENDECTOMY WITH LYSIS OF ADHESIONS.**

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

Anesthésie / Anesthesia: Total intravenous anesthesia

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

7-year-old non-binary with 2 days abdominal pain. Treated for renal colic; symptoms persisted. Imaging: ultrasound suggestive of appendicitis.

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

Patient in supine position. General anesthesia with regional block administered. Time-out was performed and abdomen prepped in sterile fashion. A vertical infraumbilical incision is made and carried down to the fascia which is incised sharply. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. Intraoperative examination revealed sclerotic appendix. No pus or abscess formation found. Minimal adhesions were noted. The surrounding tissues showed diffuse reaction. Meticulous dissection performed due to distorted anatomy. Mesenteric vessels to the appendix are secured prior to removal. Endoscopic stapling is used for appendiceal division. Specimen placed in EndoCatch bag for removal. We lavage the abdomen extensively, paying particular attention to the pelvis and right gutter. Umbilical port site is closed with Ethibond 2-0 and skin with Steri-Strips.

Consult infectious disease if antibiotics need adjustment. No intraoperative complications occurred. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-U5VEP6-11082