

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: St. Mary's Hospital

Date: 2025-07-22 10:25

Anesthésiste / Anesthetist: Dr. Michael Brown

Chirurgien / Surgeon: Dr. Martin Levesque

Assistant(s): Dr. resident Chloe Nguyen

Diagnostic préopératoire / Pre-operative diagnosis:

**APPENDICITIS WITH INTUSSUSCEPTION.**

Diagnostic postopératoire / Post-operative diagnosis:

**APPENDICITIS WITH INTUSSUSCEPTION.**

Opération / Operation:

**LAPAROSCOPIC CONVERTED TO OPEN APPENDECTOMY.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and abscess wall

Anesthésie / Anesthesia: General anesthesia

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

A 1-year-old female with 2 days history of abdominal pain with lethargy. Failed conservative management for IBD. Imaging: ultrasound suggestive of appendicitis. 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. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, moderate adhesions noted. The surgical field demonstrated distended appendix with marked surrounding inflammation. Purulent fluid was noted throughout the abdominal cavity. No abnormal adhesions found. No bowel injury noted. Blunt dissection is used to free the appendix from surrounding structures. The mesoappendix is dissected and the appendiceal artery is controlled with electrocautery. 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. The umbilical fascia is reapproximated with interrupted Vicryl 3-0 sutures. Skin incisions are closed with interrupted silk 4-0.

IV fluids and pain management as per protocol. No evidence of peritoneal carcinomatosis. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-O709A7-13343