

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Charles-LeMoyne

Date: 2024-05-02 09:12

Anesthésiste / Anesthetist: Dr. John Evans

Chirurgien / Surgeon: Dr. Isabelle Girard

Assistant(s): Dr. resident Anna Kim

Diagnostic préopératoire / Pre-operative diagnosis:

**SUPPURATIVE APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**SUPPURATIVE APPENDICITIS.**

Opération / Operation:

**LAPAROSCOPIC APPENDECTOMY WITH OMENTAL WRAPPING.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and peri-appendiceal tissue

Anesthésie / Anesthesia: Total intravenous anesthesia

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

1-year-old female with 2 days abdominal pain. Treated for pneumonia; symptoms persisted. Imaging: ultrasound showing perforated appendicitis. Past medical history is otherwise unremarkable.

## 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. A small infraumbilical incision is made and the abdominal cavity is entered under direct vision. Two working ports are established in the right and left lower quadrants. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, minimal adhesions noted. Findings include gangrenous appendix with diffuse inflammatory changes. A large pelvic abscess was present and evacuated. Fibrinous adhesions were lysed during the procedure. Incidental Meckel's diverticulum found and left in situ. Dissection is carried out to isolate the base of the appendix. Mesenteric vessels to the appendix are secured prior to removal. The base of the appendix is healthy and we place three EndoLoops - two proximal and one distal - before transecting the appendix. Specimen placed in EndoCatch bag for removal. Thorough irrigation of the abdominal cavity is performed, removing all purulent material. We close the fascia with Vicryl 3-0 in an interrupted fashion. Skin is approximated with interrupted silk 4-0.

Postoperative imaging if fever persists. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-7VOQ7Q-14062