# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Notre-Dame Date: 2025-08-31 14:37

Anesthésiste / Anesthetist: Dr. Rachel Stein
Chirurgien / Surgeon: Dr. Sophie Chen
Assistant(s): Dr. resident Emily Clark

Diagnostic préopératoire / Pre-operative diagnosis:
**APPENDICITIS WITH BOWEL OBSTRUCTION.**
Diagnostic postopératoire / Post-operative diagnosis:
**APPENDICITIS WITH PELVIC ABSCESS.**

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:**

Pediatric patient (8, non-binary) presenting with acute onset abdominal pain after trauma. History: no prior abdominal surgery. Imaging confirmed appendicitis. Recent travel history may be relevant.

**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, minimal adhesions noted. Intraoperative examination revealed perforated appendix. Abscess cavity found in RLQ and irrigated. Minimal adhesions were noted. The surrounding tissues showed moderate reaction. Minor bleeding controlled with cautery. Meticulous dissection performed due to distorted anatomy. The appendiceal mesentery is carefully taken down with harmonic scalpel. We secure the appendiceal base with two Endoloops and transect between them. Specimen placed in EndoCatch bag for removal. Irrigation performed with antibiotic solution. We close the fascia with Polysorb 2-0 in a interrupted fashion. Skin is approximated with subcuticular Monocryl 4-0.

IV fluids and pain management as per protocol. The patient tolerated the procedure well with minimal blood loss.

*Case ID: CASE-X4FHU8-10990*