

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Charles-LeMoyne

Date: 2025-08-20 03:45

Anesthésiste / Anesthetist: Dr. Julia Miller

Chirurgien / Surgeon: Dr. Sophie Chen

Assistant(s): Dr. resident Ethan Wright

Diagnostic préopératoire / Pre-operative diagnosis:

ACUTE APPENDICITIS WITH PERITONITIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH PELVIC ABSCESS.

Opération / Operation:

APPENDECTOMY WITH REMOVAL OF APPENDICOLITH.

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:

6-year-old male with 1 day abdominal pain, elevated WBC, elevated CRP, no fever. Imaging: ultrasound suggestive of appendicitis. recent antibiotic use. Past medical history is otherwise unremarkable.

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

Patient in supine position. General anesthesia with caudal block administered. Time-out was performed and abdomen prepped in sterile fashion. Direct trocar insertion after skin and fascia incision. Accessory port placed in epigastric region. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. Appendix was gangrenous and surrounded by A large pelvic abscess was present and evacuated. and The omentum was wrapped around the inflamed appendix. No technical difficulties encountered during surgery. The appendix is mobilized using a combination of sharp and blunt dissection. We dissect the mesentery of the appendix and use the electrocautery to coagulate the artery. The appendix is ligated at its base with two absorbable sutures and then amputated. Specimen placed in EndoCatch bag for removal. We irrigate the abdominal cavity copiously with warm saline until the effluent is clear. Umbilical port site is closed with Maxon 2-0 and skin with subcuticular Monocryl 4-0.

Patient to receive postoperative IV antibiotics with monitoring for return of bowel function. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-1MRIUS-11966