

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Jewish General Hospital

Date: 2025-07-17 10:32

Anesthésiste / Anesthetist: Dr. Michael Brown

Chirurgien / Surgeon: Dr. Daniel Fortin

Assistant(s): Dr. resident Chloe Nguyen

Diagnostic préopératoire / Pre-operative diagnosis:

**APPENDICITIS WITH ABSCESS.**

Diagnostic postopératoire / Post-operative diagnosis:

**APPENDICITIS WITH PELVIC ABSCESS.**

Opération / Operation:

**APPENDECTOMY WITH LYSIS OF ADHESIONS.**

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

Anesthésie / Anesthesia: General anesthesia and epidural block

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

14-year-old non-binary with one week abdominal pain, elevated WBC, normal CRP, high fever. Imaging: ultrasound reporting lymphadenopathy. recent antibiotic use. Recent travel history may be relevant.

## 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. 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, minimal adhesions noted. Intraoperative examination revealed thick-walled appendix. A small localized abscess was found and drained. Minimal adhesions were noted. The surrounding tissues showed extensive reaction. Bladder and ureters visualized, no injury. Dissection is carried out to isolate the base of the appendix. We dissect the mesentery of the appendix and use the electrocautery to coagulate the artery. We apply an endoscopic stapler to the base of the appendix and divide it. Specimen placed in EndoCatch bag for removal. Abdominal lavage performed until clear. Fascial closure is performed at the umbilical site using Maxon 2-0. The skin is closed with Dermabond.

The patient will be continued on IV antibiotics and advanced to diet as tolerated. No intraoperative complications occurred. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-UEDWHI-12266