

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Shriners Hospitals for Children

Date: 2025-08-11 09:43

Anesthésiste / Anesthetist: Dr. Kevin Zhang

Chirurgien / Surgeon: Dr. Daniel Fortin

Assistant(s): Dr. resident Sophia Lee

Diagnostic préopératoire / Pre-operative diagnosis:

**ACUTE APPENDICITIS WITH PERITONITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**ACUTE APPENDICITIS WITH PERITONITIS.**

Opération / Operation:

**LAPAROSCOPIC APPENDECTOMY WITH DRAINAGE OF ABSCESS.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with attached omentum

Anesthésie / Anesthesia: General anesthesia with local infiltration

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

9-year-old male with one week abdominal pain, normal WBC, elevated CRP, high fever. Imaging: MRI showing bowel wall thickening. recent antibiotic use.

## 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 make an infraumbilical incision of 1 cm, dissect the subcutaneous tissue bluntly and penetrate the abdominal cavity via an open technique. Two working ports are established in the right and left lower quadrants. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. Appendix appeared acutely inflamed, surrounded by intense inflammatory reaction. There was a contained abscess in the right lower quadrant. The omentum was wrapped around the inflamed appendix. No evidence of malignancy. Blunt dissection is used to free the appendix from surrounding structures. The mesoappendix is divided using a bipolar energy device. 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. Abdominal lavage performed until clear. We close the fascia with Vicryl 2-0 in an interrupted fashion. Skin is approximated with subcuticular Monocryl 4-0.

Repeat CBC and CRP postoperatively. Incidental Meckel's diverticulum found and left in situ. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-YD1N35-10716