

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: St. Mary's Hospital

Date: 2024-10-23 06:53

Anesthésiste / Anesthetist: Dr. Paul Anderson

Chirurgien / Surgeon: Dr. Olivia Davis

Assistant(s): Dr. resident Fatima Sheikh

Diagnostic préopératoire / Pre-operative diagnosis:

**RUPTURED APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**SUPPURATIVE APPENDICITIS.**

Opération / Operation:

**OPEN APPENDECTOMY WITH PELVIC LAVAGE.**

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

Anesthésie / Anesthesia: General anesthesia

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

Patient (7 years, male) presented with diffuse abdominal pain localizing to RLQ, elevated WBC, normal CRP. Imaging: MRI demonstrating RLQ inflammation. Past medical history is otherwise unremarkable.

## 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. 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, extensive adhesions noted. Appendix appeared friable, surrounded by severe inflammatory reaction. Purulent fluid was noted throughout the abdominal cavity. The appendix was adhered to surrounding structures. Patient tolerated procedure well. 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. Absorbable ligatures are applied prior to amputation. Specimen placed in EndoCatch bag for removal. Saline is used for thorough irrigation of all quadrants. The umbilical fascia is reapproximated with interrupted Vicryl 3-0 sutures. Skin incisions are closed with interrupted silk 4-0.

Pain control with acetaminophen and morphine as needed. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-GZLXU8-11963