## PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: MCH Date: 2025-01-18 20:40

Anesthésiste / Anesthetist: Dr. Camille Roy

Chirurgien / Surgeon: Dr. Samuel Lee Assistant(s): Dr. resident Ethan Wright

Diagnostic préopératoire / Pre-operative diagnosis:

## **RUPTURED APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**ACUTE APPENDICITIS.** 

Opération / Operation:

#### LAPAROSCOPIC APPENDECTOMY WITH IRRIGATION AND DRAINAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with surrounding lymph nodes

Anesthésie / Anesthesia: General endotracheal anesthesia

# Historique et constatations opératoires / History and operative findings:

9-year-old male with several hours abdominal pain, elevated WBC, high CRP, high fever. Imaging: ultrasound showing perforated appendicitis. recent travel.

# 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. Two working ports are established in the right and left lower quadrants. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, moderate adhesions noted. Intraoperative examination revealed perforated appendix. There was a contained abscess in the right lower quadrant. The appendix was adhered to surrounding structures. The surrounding tissues showed severe reaction. Meticulous dissection performed due to distorted anatomy. Mesenteric vessels to the appendix are secured prior to removal. The appendix is ligated at its base with two absorbable sutures and then amputated. Specimen placed in EndoCatch bag for removal. Irrigation performed with antibiotic solution. Umbilical port site is closed with PDS 2-0 and skin with interrupted silk 4-0.

The patient will be continued on IV antibiotics and advanced to diet as tolerated. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-8FEV7A-13240