

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital de Verdun

Date: 2024-06-10 20:02

Anesthésiste / Anesthetist: Dr. Patricia Wong

Chirurgien / Surgeon: Dr. Samuel Lee

Assistant(s): Dr. resident Lucas Martin

Diagnostic préopératoire / Pre-operative diagnosis:

**APPENDICITIS WITH INTUSSUSCEPTION.**

Diagnostic postopératoire / Post-operative diagnosis:

**APPENDICITIS WITH PELVIC ABSCESS.**

Opération / Operation:

**LAPAROSCOPIC APPENDECTOMY WITH IRRIGATION AND DRAINAGE.**

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

Anesthésie / Anesthesia: General anesthesia

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

A 11-year-old male who presented with abdominal pain with palpable mass. Initially evaluated 3 days prior and diagnosed with intussusception. Now has normal WBC, high CRP, no fever. Imaging: CT scan showing peri-appendiceal fluid.

## 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. Incision is made in left lower quadrant for open conversion. Accessory port placed in epigastric region. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. Findings include acutely inflamed appendix with persistent inflammatory changes. Purulent fluid was noted throughout the abdominal cavity. The omentum was wrapped around the inflamed appendix. No bowel injury noted. Appendix is isolated after adhesiolysis. Mesenteric vessels to the appendix are secured prior to removal. We apply an endoscopic stapler to the base of the appendix and divide it. Specimen placed in EndoCatch bag for removal. We lavage the abdomen extensively, paying particular attention to the pelvis and right gutter. We close the fascia with PDS 3-0 in an interrupted fashion. Skin is approximated with subcuticular Vicryl 4-0.

Postoperative imaging if fever persists. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-9JX704-10184