PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Royal Victoria Hospital Date: 2025-07-20 20:16

Anesthésiste / Anesthetist: Dr. Thomas White
Chirurgien / Surgeon: Dr. James Wilson
Assistant(s): Dr. resident Sophia Lee

Diagnostic préopératoire / Pre-operative diagnosis:
APPENDICITIS WITH ABSCESS.
Diagnostic postopératoire / Post-operative diagnosis:
APPENDICITIS WITH ABSCESS.

Opération / Operation:
APPENDECTOMY WITH LYSIS OF ADHESIONS.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and inflamed tissue
Anesthésie / Anesthesia: General anesthesia with regional block

Historique et constatations opératoires / History and operative findings:

12-year-old non-binary with one week abdominal pain. Treated for constipation; symptoms persisted. Imaging: CT scan showing appendiceal abscess. Past medical history is otherwise unremarkable.

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. Transverse infraumbilical incision is performed and access gained via blunt dissection. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. Operative findings included necrotic appendix and patchy inflammation. A moderate amount of purulent material was present in the pelvis. Mild adhesions between bowel loops observed. No intraoperative complications occurred. Appendix is isolated after adhesiolysis. The appendiceal mesentery is carefully taken down with harmonic scalpel. We secure the appendiceal base with two Endoloops and transect between them. 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 Vicryl 3-0 in a interrupted fashion. Skin is approximated with Steri-Strips.

We will continue current antibiotic regimen and begin enteral feeds when bowel function returns. The patient tolerated the procedure well with minimal blood loss.