# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Shriners Hospitals for Children Date: 2023-11-09 00:42

Anesthésiste / Anesthetist: Dr. David Smith
Chirurgien / Surgeon: Dr. Daniel Fortin
Assistant(s): Dr. resident Ethan Wright

Diagnostic préopératoire / Pre-operative diagnosis:
**APPENDICITIS MIMICKING OVARIAN PATHOLOGY.**
Diagnostic postopératoire / Post-operative diagnosis:
**APPENDICITIS WITH MESENTERIC LYMPHADENITIS.**

Opération / Operation:
**LAPAROSCOPIC APPENDECTOMY WITH OMENTAL WRAPPING.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with surrounding lymph nodes
Anesthésie / Anesthesia: General anesthesia with regional block

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

Pediatric patient (9, female) presenting with acute onset abdominal pain with elevated WBC. History: family history of appendicitis. Imaging confirmed appendicitis. Past medical history is otherwise unremarkable. Recent travel history may be relevant.

**Procédure(s) opératoire(s) / Operative procedure(s):**

Patient in supine position. Total intravenous anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. Incision is made in left lower quadrant for open conversion. Single-incision laparoscopic port is used. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, diffuse adhesions noted. Intraoperative examination revealed sclerotic appendix. A large pelvic abscess was present and evacuated. The appendix was adhered to surrounding structures. The surrounding tissues showed intense reaction. Incidental Meckel's diverticulum found and left in situ. The appendix is mobilized using a combination of sharp and blunt dissection. We dissect the mesentery of the appendix and use the electrocautery to coagulate the artery. The appendix is ligated at its base with two absorbable sutures and then amputated. Specimen placed in EndoCatch bag for removal. Abdominal lavage performed until clear. Fascial closure is performed at the umbilical site using Vicryl 2-0. The skin is closed with subcuticular Monocryl 4-0. No unexpected findings.

Monitor wound sites for infection. Small serosal tear repaired intraoperatively. The patient tolerated the procedure well with minimal blood loss.