# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: MCH Date: 2024-06-12 18:03

Anesthésiste / Anesthetist: Dr. Julia Miller

Chirurgien / Surgeon: Dr. Marie-Claire Dubois

Assistant(s): Dr. resident John Paul

Diagnostic préopératoire / Pre-operative diagnosis:

**APPENDICITIS WITH ABSCESS.**

Diagnostic postopératoire / Post-operative diagnosis:

**APPENDICITIS WITH ABSCESS.**

Opération / Operation:

**APPENDECTOMY WITH REMOVAL OF APPENDICOLITH.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and peri-appendiceal tissue

Anesthésie / Anesthesia: General anesthesia with regional block

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

Patient (17 years, male) presented with abdominal pain and constipation, markedly elevated WBC, high CRP. Imaging: MRI demonstrating RLQ inflammation. Past medical history is otherwise unremarkable.

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

Patient in supine position. General anesthesia with mask induction administered. Time-out was performed and abdomen prepped in sterile fashion. Transverse infraumbilical incision is performed and access gained via blunt dissection. Single-incision laparoscopic port is used. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, moderate adhesions noted. The appendix was suppurative with moderate inflammation. Purulent fluid was noted throughout the abdominal cavity. No abnormal adhesions found. Incidental Meckel's diverticulum found and left in situ. Surrounding omentum and bowel are separated from the inflammatory mass. The mesoappendix is dissected and the appendiceal artery is controlled with electrocautery. We apply an endoscopic stapler to the base of the appendix and divide it. Specimen placed in EndoCatch bag for removal. Thorough irrigation of the abdominal cavity is performed, removing all purulent material. Umbilical port site is closed with Maxon 2-0 and skin with non-absorbable Prolene 4-0.

IV fluids and pain management as per protocol. No need for drains postoperatively. The patient tolerated the procedure well with minimal blood loss.