

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Shriners Hospitals for Children

Date: 2024-05-08 18:15

Anesthésiste / Anesthetist: Dr. Michael Brown

Chirurgien / Surgeon: Dr. Marie-Claire Dubois

Assistant(s): Dr. resident Leo Morel

Diagnostic préopératoire / Pre-operative diagnosis:

**APPENDICITIS WITH ABSCESS.**

Diagnostic postopératoire / Post-operative diagnosis:

**APPENDICITIS WITH PERITONEAL CONTAMINATION.**

Opération / Operation:

**LAPAROSCOPIC CONVERTED TO OPEN APPENDECTOMY.**

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

Anesthésie / Anesthesia: General anesthesia and epidural block

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

A 14-year-old female with one week history of persistent vomiting and abdominal pain. Failed conservative management for urinary tract infection. Imaging: CT scan showing peri-appendiceal fluid. Past medical history is otherwise unremarkable.

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

Patient in supine position. General anesthesia with local infiltration administered. Time-out was performed and abdomen prepped in sterile fashion. Incision is made in left lower quadrant for open conversion. Three trocars in total are used for laparoscopic access. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. Operative findings included hyperemic appendix and diffuse inflammation. Purulent fluid was noted throughout the abdominal cavity. No abnormal adhesions found. No technical difficulties encountered during surgery. 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. Base of appendix secured with purse-string suture prior to removal. Specimen placed in EndoCatch bag for removal. We irrigate the abdominal cavity copiously with warm saline until the effluent is clear. Fascial closure is performed at the umbilical site using Maxon 2-0. The skin is closed with interrupted nylon 4-0. No unexpected findings.

Discharge home when tolerating oral intake and afebrile. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-TJPVXA-14072