

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU de Québec

Date: 2024-05-14 10:27

Anesthésiste / Anesthetist: Dr. Julia Miller

Chirurgien / Surgeon: Dr. James Wilson

Assistant(s): Dr. resident Carlos Mendez

Diagnostic préopératoire / Pre-operative diagnosis:

**COMPLICATED APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**APPENDICITIS WITH MESENTERIC LYMPHADENITIS.**

Opération / Operation:

**OPEN APPENDECTOMY WITH PELVIC LAVAGE.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendicolith

Anesthésie / Anesthesia: General anesthesia with nitrous oxide

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

Patient (9 years, non-binary) presented with RLQ tenderness and guarding, normal WBC, high CRP. Imaging: ultrasound reporting lymphadenopathy.

## 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. We make an infraumbilical incision of 1 cm, dissect the subcutaneous tissue bluntly and penetrate the abdominal cavity via an open technique. Accessory port placed in epigastric region. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. Findings include gangrenous appendix with moderate inflammatory changes. No pus or abscess formation found. Dense adhesions were encountered during dissection. Ovaries and uterus normal in female patients. Meticulous dissection performed due to distorted anatomy. The mesoappendix is divided using a bipolar energy device. We secure the appendiceal base with two Endoloops and transect between them. Specimen placed in EndoCatch bag for removal. Copious irrigation is undertaken to ensure removal of all inflammatory debris. Umbilical port site is closed with PDS 2-0 and skin with Steri-Strips.

IV fluids and pain management as per protocol. Patient tolerated procedure well. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-RLWXP-12533