

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Charles-LeMoyne

Date: 2024-07-12 15:29

Anesthésiste / Anesthetist: Dr. Patricia Wong

Chirurgien / Surgeon: Dr. Victor Chen

Assistant(s): Dr. resident Lucas Martin

Diagnostic préopératoire / Pre-operative diagnosis:

**APPENDICITIS MIMICKING OVARIAN PATHOLOGY.**

Diagnostic postopératoire / Post-operative diagnosis:

**ACUTE APPENDICITIS.**

Opération / Operation:

**LAPAROSCOPIC APPENDECTOMY WITH IRRIGATION AND DRAINAGE.**

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:

A 1-year-old non-binary who presented with abdominal pain with elevated WBC. Initially evaluated 2 days prior and diagnosed with ovarian cyst. Now has elevated WBC, elevated CRP, low-grade fever. Imaging: ultrasound showing appendicitis.

## 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. 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. Appendix appeared friable, surrounded by extensive inflammatory reaction. Multiple small abscesses were encountered. The appendix was adhered to surrounding structures. Surrounding omentum and bowel are separated from the inflammatory mass. The appendiceal mesentery is carefully taken down with harmonic scalpel. Base of appendix secured with purse-string suture prior to removal. Specimen placed in EndoCatch bag for removal. Copious irrigation is undertaken to ensure removal of all inflammatory debris. We close the fascia at the umbilical port with figure-of-eight sutures of Maxon 2-0 and the skin with subcuticular Monocryl 4-0. Patient tolerated procedure well.

Monitor wound sites for infection. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-N0DXRX-13233