

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Notre-Dame

Date: 2024-02-24 11:03

Anesthésiste / Anesthetist: Dr. Michael Brown

Chirurgien / Surgeon: Dr. Isabelle Girard

Assistant(s): Dr. resident Emily Clark

Diagnostic préopératoire / Pre-operative diagnosis:

**RUPTURED APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**GANGRENOUS APPENDICITIS.**

Opération / Operation:

**APPENDECTOMY WITH INTRA-ABDOMINAL DRAINAGE.**

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

Anesthésie / Anesthesia: General anesthesia with nitrous oxide

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

3-year-old male with several hours abdominal pain, markedly elevated WBC, high CRP, low-grade fever. Imaging: ultrasound showing perforated appendicitis. family history of appendicitis.

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

Patient in supine position. General anesthesia and epidural block administered. Time-out was performed and abdomen prepped in sterile fashion. Incision is made in left lower quadrant for open conversion. Two working ports are established in the right and left lower quadrants. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, diffuse adhesions noted. Operative findings included distended appendix and severe inflammation. No abscess was identified. Fibrinous adhesions were lysed during the procedure. Blunt dissection is used to free the appendix from surrounding structures. The appendiceal mesentery is carefully taken down with harmonic scalpel. Endoscopic stapling is used for appendiceal division. Specimen placed in EndoCatch bag for removal. Thorough irrigation of the abdominal cavity is performed, removing all purulent material. Fascial closure is performed at the umbilical site using Vicryl 3-0. The skin is closed with subcuticular Monocryl 4-0. Minor bleeding controlled with cautery.

We will continue current antibiotic regimen and begin enteral feeds when bowel function returns. No evidence of malignancy. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-1MDMU4-10391