

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital de Verdun

Date: 2023-11-05 23:47

Anesthésiste / Anesthetist: Dr. Aisha Patel

Chirurgien / Surgeon: Dr. Victor Chen

Assistant(s): Dr. resident Maya Singh

Diagnostic préopératoire / Pre-operative diagnosis:

**RUPTURED APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**RUPTURED APPENDICITIS.**

Opération / Operation:

**OPEN APPENDECTOMY WITH PELVIC LAVAGE.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with surrounding lymph nodes

Anesthésie / Anesthesia: Total intravenous anesthesia

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

A 6-year-old non-binary who presented with diffuse abdominal pain localizing to RLQ. Initially evaluated 1 days prior and diagnosed with ovarian cyst. Now has markedly elevated WBC, high CRP, high fever. 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. A vertical infraumbilical incision is made and carried down to the fascia which is incised sharply. Three trocars in total are used for laparoscopic access. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, minimal adhesions noted. The surgical field demonstrated acutely inflamed appendix with diffuse surrounding inflammation. Multiple small abscesses were encountered. Fibrinous adhesions were lysed during the procedure. Bladder and ureters visualized, no injury. Meticulous dissection performed due to distorted anatomy. We dissect the mesentery of the appendix and use the electrocautery to coagulate the artery. The appendix is ligated at its base with two absorbable sutures and then amputated. Specimen placed in EndoCatch bag for removal. Abdominal lavage performed until clear. We close the fascia at the umbilical port with figure-of-eight sutures of Ethibond 2-0 and the skin with non-absorbable Prolene 4-0. Small serosal tear repaired intraoperatively.

Monitor for signs of infection; advance diet as tolerated. No bowel injury noted. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-P5J8OY-11695