

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Shriners Hospitals for Children

Date: 2025-03-14 14:35

Anesthésiste / Anesthetist: Dr. John Evans

Chirurgien / Surgeon: Dr. Olivia Davis

Assistant(s): Dr. resident Lucas Martin

Diagnostic préopératoire / Pre-operative diagnosis:

**APPENDICITIS WITH SEPSIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**APPENDICITIS WITH PERITONEAL CONTAMINATION.**

Opération / Operation:

**APPENDECTOMY WITH INTRA-ABDOMINAL DRAINAGE.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and peri-appendiceal tissue

Anesthésie / Anesthesia: General anesthesia with mask induction

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

13-year-old female with 1 day abdominal pain. Treated for urinary tract infection; symptoms persisted. Imaging: ultrasound showing perforated appendicitis. Past medical history is otherwise unremarkable.

## 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. Transverse infraumbilical incision is performed and access gained via blunt dissection. We place two additional trocars, one in the suprapubic region and one in the left lower quadrant, both under direct vision. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. Appendix appeared necrotic, surrounded by fluctuating inflammatory reaction. A moderate amount of purulent material was present in the pelvis. The appendix was adhered to surrounding structures. The appendix is mobilized using a combination of sharp and blunt dissection. The mesoappendix is dissected and the appendiceal artery is controlled with electrocautery. Absorbable ligatures are applied prior to amputation. Specimen placed in EndoCatch bag for removal. Saline is used for thorough irrigation of all quadrants. We close the fascia with PDS 3-0 in a interrupted fashion. Skin is approximated with Dermabond.

Patient to receive postoperative IV antibiotics with monitoring for return of bowel function. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-ML690V-11487