

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU de Québec

Date: 2024-12-27 08:50

Anesthésiste / Anesthetist: Dr. David Smith

Chirurgien / Surgeon: Dr. Sophie Chen

Assistant(s): Dr. resident Marc Gagnon

Diagnostic préopératoire / Pre-operative diagnosis:

**LOCALIZED PERITONITIS SECONDARY TO APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**PHLEGMONOUS APPENDICITIS.**

Opération / Operation:

**APPENDECTOMY WITH LYSIS OF ADHESIONS.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with attached omentum

Anesthésie / Anesthesia: General anesthesia with local infiltration

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

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

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

Patient in supine position. General anesthesia with caudal block 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. Single-incision laparoscopic port is used. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, diffuse adhesions noted. The appendix was ruptured with minimal inflammation. There was a contained abscess in the right lower quadrant. The appendix was adhered to surrounding structures. No need for drains postoperatively. We carefully dissect the inflammatory mass and identify the suppurative appendix. Appendiceal vessels controlled with clips. We secure the appendiceal base with two Endoloops and transect between them. Specimen placed in EndoCatch bag for removal. Saline is used for thorough irrigation of all quadrants. We close the fascia at the umbilical port with figure-of-eight sutures of Vicryl 3-0 and the skin with interrupted silk 4-0.

Pain control with acetaminophen and morphine as needed. No evidence of malignancy. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-QRFSG3-10515