

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: MCH

Date: 2025-01-24 20:43

Anesthésiste / Anesthetist: Dr. Camille Roy

Chirurgien / Surgeon: Dr. James Wilson

Assistant(s): Dr. resident Zoe Tremblay

Diagnostic préopératoire / Pre-operative diagnosis:

**COMPLICATED APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**ACUTE APPENDICITIS.**

Opération / Operation:

**APPENDECTOMY WITH INTRA-ABDOMINAL DRAINAGE.**

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

Anesthésie / Anesthesia: General anesthesia with caudal block

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

5-year-old male with 1 day abdominal pain, markedly elevated WBC, high CRP, no fever. Imaging: CT scan showing peri-appendiceal fluid. recent travel.

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

Patient in supine position. Total intravenous anesthesia 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. 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 gangrenous appendix and persistent inflammation. No abscess, but turbid fluid present. Severe adhesions required careful lysis. Small serosal tear repaired intraoperatively. Meticulous dissection performed due to distorted anatomy. Appendiceal vessels controlled with clips. The base of the appendix is healthy and we place three EndoLoops - two proximal and one distal - before transecting the appendix. Specimen placed in EndoCatch bag for removal. Irrigation performed with antibiotic solution. The umbilical fascia is reapproximated with interrupted PDS 2-0 sutures. Skin incisions are closed with interrupted silk 4-0.

Patient will remain on IV antibiotics with gradual diet advancement as per surgery protocol. Bladder and ureters visualized, no injury. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-XXUNT5-10017