

## PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Jewish General Hospital

Date: 2025-10-04 08:33

Anesthésiste / Anesthetist: Dr. John Evans

Chirurgien / Surgeon: Dr. Paul Lambert

Assistant(s): Dr. resident Marc Gagnon

Diagnostic préopératoire / Pre-operative diagnosis:

**SUPPURATIVE APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**ACUTE APPENDICITIS.**

Opération / Operation:

**LAPAROSCOPIC APPENDECTOMY WITH IRRIGATION AND DRAINAGE.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix

Anesthésie / Anesthesia: General anesthesia with mask induction

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

13-year-old non-binary with several hours abdominal pain, markedly elevated WBC, high CRP, high fever. Imaging: ultrasound reporting lymphadenopathy. no prior abdominal surgery.

### 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. 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. Operative findings included gangrenous appendix and moderate inflammation. Abscess cavity found in RLQ and irrigated. Dense adhesions were encountered during dissection. Ovaries and uterus normal in female patients. Appendix is isolated after adhesiolysis. The mesoappendix is divided using a bipolar energy device. Absorbable ligatures are applied prior to amputation. Specimen placed in EndoCatch bag for removal. Abdominal lavage performed until clear. All port sites closed with Steri-Strips. Minimal intraoperative blood loss.

Discharge home when tolerating oral intake and afebrile. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-D13LNK-13481