

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU de Québec

Date: 2024-12-24 20:17

Anesthésiste / Anesthetist: Dr. John Evans

Chirurgien / Surgeon: Dr. Isabelle Girard

Assistant(s): Dr. resident Chloe Nguyen

Diagnostic préopératoire / Pre-operative diagnosis:

**COMPLICATED APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**COMPLICATED 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 17-year-old female who presented with persistent vomiting and abdominal pain. Initially evaluated 1 days prior and diagnosed with pneumonia. Now has markedly elevated WBC, normal CRP, high fever. Imaging: ultrasound suggestive of appendicitis.

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

Patient in supine position. General endotracheal anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. A small infraumbilical incision is made and the abdominal cavity is entered under direct vision. Single-incision laparoscopic port is used. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. The surgical field demonstrated gangrenous appendix with mild surrounding inflammation. 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. Appendiceal vessels controlled with clips. Base of appendix secured with purse-string suture prior to removal. Specimen placed in EndoCatch bag for removal. We lavage the abdomen extensively, paying particular attention to the pelvis and right gutter. We close the fascia with Ethibond 2-0 in an interrupted fashion. Skin is approximated with interrupted nylon 4-0.

The patient will be continued on IV antibiotics and advanced to diet as tolerated. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-KNT8VL-13398