

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Jewish General Hospital

Date: 2024-02-28 20:11

Anesthésiste / Anesthetist: Dr. Omar Fahmy

Chirurgien / Surgeon: Dr. Daniel Fortin

Assistant(s): Dr. resident Sophia Lee

Diagnostic préopératoire / Pre-operative diagnosis:

**APPENDICITIS WITH BOWEL OBSTRUCTION.**

Diagnostic postopératoire / Post-operative diagnosis:

**APPENDICITIS WITH PERITONEAL CONTAMINATION.**

Opération / Operation:

**LAPAROSCOPIC APPENDECTOMY WITH IRRIGATION AND DRAINAGE.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendicolith

Anesthésie / Anesthesia: General anesthesia with mask induction

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

Pediatric patient (4, male) presenting with acute onset abdominal pain with palpable mass. History: no prior abdominal surgery. Imaging confirmed appendicitis.

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

Patient in supine position. General anesthesia with mask induction administered. Time-out was performed and abdomen prepped in sterile fashion. We create a 1 cm infraumbilical incision and enter the abdomen using the Hasson technique. Accessory port placed in epigastric region. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, minimal adhesions noted. Appendix was thick-walled and surrounded by No pus or abscess formation found. and Minimal adhesions were noted. Appendix is isolated after adhesiolysis. The mesoappendix is dissected and the appendiceal artery is controlled with electrocautery. We secure the appendiceal base with two Endoloops and transect between them. Specimen placed in EndoCatch bag for removal. We irrigate the abdominal cavity copiously with warm saline until the effluent is clear. We close the fascia at the umbilical port with figure-of-eight sutures of Polysorb 2-0 and the skin with subcuticular Monocryl 4-0.

Continue surgical care with antibiotic therapy and diet advancement as tolerated. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-QTRHA2-13764