

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Jewish General Hospital

Date: 2025-05-31 17:34

Anesthésiste / Anesthetist: Dr. Paul Anderson

Chirurgien / Surgeon: Dr. Sarah Johnson

Assistant(s): Dr. resident Ethan Wright

Diagnostic préopératoire / Pre-operative diagnosis:

**APPENDICITIS MIMICKING OVARIAN PATHOLOGY.**

Diagnostic postopératoire / Post-operative diagnosis:

**APPENDICITIS MIMICKING OVARIAN PATHOLOGY.**

Opération / Operation:

**LAPAROSCOPIC APPENDECTOMY.**

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

Anesthésie / Anesthesia: General anesthesia and epidural block

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

Patient (13 years, non-binary) presented with persistent vomiting and abdominal pain, normal WBC, high CRP. Imaging: ultrasound showing perforated appendicitis. Past medical history is otherwise unremarkable.

## 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 create a 1 cm infraumbilical incision and enter the abdomen using the Hasson technique. Single-incision laparoscopic port is used. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, moderate adhesions noted. Operative findings included perforated appendix and localized inflammation. Abscess cavity found in RLQ and irrigated. No abnormal adhesions found. The appendix is mobilized using a combination of sharp and blunt dissection. The appendiceal mesentery is carefully taken down with harmonic scalpel. 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. Umbilical port site is closed with Polysorb 2-0 and skin with subcuticular Monocryl 4-0. No evidence of peritoneal carcinomatosis.

Consult infectious disease if antibiotics need adjustment. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-RCRS7G-13442