

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Montreal Children's

Date: 2025-09-27 13:03

Anesthésiste / Anesthetist: Dr. Paul Anderson

Chirurgien / Surgeon: Dr. Paul Lambert

Assistant(s): Dr. resident Lucas Martin

Diagnostic préopératoire / Pre-operative diagnosis:

**ACUTE APPENDICITIS WITH PERITONITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**ACUTE APPENDICITIS WITH PERITONITIS.**

Opération / Operation:

**LAPAROSCOPIC CONVERTED TO OPEN APPENDECTOMY.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix

Anesthésie / Anesthesia: General anesthesia and epidural block

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

Patient (13 years, female) presented with abdominal pain and constipation, markedly elevated WBC, high CRP. Imaging: ultrasound with non-visualized appendix and secondary signs.

## 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. Transverse infraumbilical incision is performed and access gained via blunt dissection. Three trocars in total are used for laparoscopic access. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, moderate adhesions noted. Intraoperative examination revealed thick-walled appendix. Purulent fluid was noted throughout the abdominal cavity. Mild adhesions between bowel loops observed. The surrounding tissues showed severe reaction. We carefully dissect the inflammatory mass and identify the distended appendix. The appendiceal mesentery is carefully taken down with harmonic scalpel. The appendix is ligated at its base with two absorbable sutures and then amputated. Specimen placed in EndoCatch bag for removal. Saline is used for thorough irrigation of all quadrants. Fascial closure is performed at the umbilical site using Ethibond 2-0. The skin is closed with Dermabond.

IV fluids and pain management as per protocol. Incidental Meckel's diverticulum found and left in situ. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-3YNG1L-10254