

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Ste-Agathe Hospital

Date: 2024-02-03 17:51

Anesthésiste / Anesthetist: Dr. Patricia Wong

Chirurgien / Surgeon: Dr. Daniel Fortin

Assistant(s): Dr. resident Leo Morel

Diagnostic préopératoire / Pre-operative diagnosis:

**COMPLICATED APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**COMPLICATED APPENDICITIS.**

Opération / Operation:

**LAPAROSCOPIC APPENDECTOMY WITH OMENTAL WRAPPING.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with surrounding lymph nodes

Anesthésie / Anesthesia: General anesthesia with local infiltration

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

A 3-year-old female who presented with persistent vomiting and abdominal pain. Initially evaluated 4 days prior and diagnosed with intussusception. Now has normal WBC, high CRP, no fever. Imaging: CT scan showing peri-appendiceal fluid. Past medical history is otherwise unremarkable.

## 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. We create a 1 cm infraumbilical incision and enter the abdomen using the Hasson technique. Three trocars in total are used for laparoscopic access. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. Appendix was friable and surrounded by Abscess cavity found in RLQ and irrigated. and Fibrinous adhesions were lysed during the procedure. The appendix is mobilized using a combination of sharp and blunt dissection. The appendiceal mesentery is carefully taken down with harmonic scalpel. Absorbable ligatures are applied prior to amputation. Specimen placed in EndoCatch bag for removal. Saline is used for thorough irrigation of all quadrants. Umbilical port site is closed with Vicryl 3-0 and skin with interrupted nylon 4-0.

We will continue current antibiotic regimen and begin enteral feeds when bowel function returns. No bowel injury noted. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-FIT6IH-13963