

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Ste-Agathe Hospital

Date: 2024-09-06 19:38

Anesthésiste / Anesthetist: Dr. Thomas White

Chirurgien / Surgeon: Dr. Paul Lambert

Assistant(s): Dr. resident John Paul

Diagnostic préopératoire / Pre-operative diagnosis:

**COMPLICATED APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**PERFORATED APPENDICITIS.**

Opération / Operation:

**LAPAROSCOPIC APPENDECTOMY WITH OMENTAL WRAPPING.**

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

Anesthésie / Anesthesia: General anesthesia with nitrous oxide

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

A 2-year-old non-binary who presented with persistent vomiting and abdominal pain. Initially evaluated 1 days prior and diagnosed with urinary tract infection. Now has markedly elevated WBC, elevated CRP, high fever. Imaging: ultrasound reporting lymphadenopathy.

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

Patient in supine position. General anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. Direct trocar insertion after skin and fascia incision. We place two additional trocars, one in the suprapubic region and one in the left lower quadrant, both under direct vision. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, minimal adhesions noted. Appendix appeared friable, surrounded by severe inflammatory reaction. Abscess cavity found in RLQ and irrigated. No abnormal adhesions found. We carefully dissect the inflammatory mass and identify the suppurative appendix. Appendiceal vessels controlled with clips. 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 Vicryl 3-0 and the skin with Dermabond. No evidence of peritoneal carcinomatosis.

Repeat CBC and CRP postoperatively. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-2D5UPG-11264