

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Jewish General Hospital

Date: 2025-03-18 02:15

Anesthésiste / Anesthetist: Dr. Kevin Zhang

Chirurgien / Surgeon: Dr. Olivia Davis

Assistant(s): Dr. resident Anna Kim

Diagnostic préopératoire / Pre-operative diagnosis:

**ACUTE APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**APPENDICITIS WITH PELVIC ABSCESS.**

Opération / Operation:

**OPEN APPENDECTOMY.**

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

Anesthésie / Anesthesia: General anesthesia with caudal block

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

Patient (5 years, female) presented with abdominal pain after trauma, elevated WBC, normal CRP. Imaging: MRI showing bowel wall thickening.

## 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. A vertical infraumbilical incision is made and carried down to the fascia which is incised sharply. Single-incision laparoscopic port is used. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. Intraoperative examination revealed hyperemic appendix. A small localized abscess was found and drained. The appendix was adhered to surrounding structures. The surrounding tissues showed fluctuating reaction. No technical difficulties encountered during surgery. Meticulous dissection performed due to distorted anatomy. Appendiceal vessels controlled with clips. Absorbable ligatures are applied prior to amputation. Specimen placed in EndoCatch bag for removal. Abdominal lavage performed until clear. Umbilical port site is closed with PDS 3-0 and skin with non-absorbable Prolene 4-0.

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

Case ID: CASE-6SPOE5-12356