# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Notre-Dame

Date: 2024-02-09 06:49

Anesthésiste / Anesthetist: Dr. Camille Roy

Chirurgien / Surgeon: Dr. Olivia Davis

Assistant(s): Dr. resident Maya Singh

Diagnostic préopératoire / Pre-operative diagnosis:
**RUPTURED APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:
**PHLEGMONOUS APPENDICITIS.**

Opération / Operation:
**OPEN APPENDECTOMY.**

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

Anesthésie / Anesthesia: General anesthesia

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

A 12-year-old male who presented with abdominal pain with distention. Initially evaluated 3 days prior and diagnosed with Crohn's disease. Now has normal WBC, elevated CRP, no fever. Imaging: CT scan confirming appendicitis.

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

Patient in supine position. General 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. 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, moderate adhesions noted. Intraoperative examination revealed gangrenous appendix. No abscess was identified. Minimal adhesions were noted. The surrounding tissues showed minimal reaction. The appendix is mobilized using a combination of sharp and blunt dissection. Mesenteric vessels to the appendix are secured prior to removal. Endoscopic stapling is used for appendiceal division. Specimen placed in EndoCatch bag for removal. Saline is used for thorough irrigation of all quadrants. All port sites closed with subcuticular Monocryl 4-0.

We will continue current antibiotic regimen and begin enteral feeds when bowel function returns. The patient tolerated the procedure well with minimal blood loss.

*Case ID: CASE-X7BEO-13272*