

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Montreal Children's

Date: 2025-08-21 21:04

Anesthésiste / Anesthetist: Dr. Omar Fahmy

Chirurgien / Surgeon: Dr. Olivia Davis

Assistant(s): Dr. resident Ethan Wright

Diagnostic préopératoire / Pre-operative diagnosis:

PERFORATED APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH PERITONEAL CONTAMINATION.

Opération / Operation:

OPEN APPENDECTOMY WITH PELVIC LAVAGE.

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

Anesthésie / Anesthesia: General anesthesia with caudal block

Historique et constatations opératoires / History and operative findings:

4-year-old non-binary with one week abdominal pain, normal WBC, high CRP, no fever. Imaging: CT scan showing appendiceal abscess. previous similar episode.

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

Patient in supine position. Total intravenous 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, diffuse adhesions noted. Intraoperative examination revealed shrunken appendix. No abscess was identified. Minimal adhesions were noted. The surrounding tissues showed fluctuating reaction. No evidence of malignancy. Appendix is isolated after adhesiolysis. The mesoappendix is divided using a bipolar energy device. The appendix is ligated at its base with two absorbable sutures and then amputated. Specimen placed in EndoCatch bag for removal. We lavage the abdomen extensively, paying particular attention to the pelvis and right gutter. The umbilical fascia is reapproximated with interrupted Maxon 2-0 sutures. Skin incisions are closed with Steri-Strips.

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

Case ID: CASE-EV0AA0-11313