

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Ste-Agathe Hospital

Date: 2025-06-11 02:09

Anesthésiste / Anesthetist: Dr. Michael Brown

Chirurgien / Surgeon: Dr. Robert Tremblay

Assistant(s): Dr. resident Jennifer Park

Diagnostic préopératoire / Pre-operative diagnosis:

**LOCALIZED PERITONITIS SECONDARY TO APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**APPENDICITIS WITH PELVIC ABSCESS.**

Opération / Operation:

**LAPAROSCOPIC APPENDECTOMY WITH DRAINAGE OF ABSCESS.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and peri-appendiceal tissue

Anesthésie / Anesthesia: General anesthesia with mask induction

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

A 12-year-old female with 3 days history of persistent vomiting and abdominal pain. Failed conservative management for IBD. Imaging: ultrasound showing perforated appendicitis. 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. A vertical infraumbilical incision is made and carried down to the fascia which is incised sharply. Additional 5 mm trocars are placed in the right and left lower quadrants under laparoscopic guidance. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, moderate adhesions noted. Intraoperative examination revealed gangrenous appendix. There was a contained abscess in the right lower quadrant. No abnormal adhesions found. The surrounding tissues showed diffuse reaction. Ovaries and uterus normal in female patients. We carefully dissect the inflammatory mass and identify the gangrenous appendix. Mesenteric vessels to the appendix are secured prior to removal. Absorbable ligatures are applied prior to amputation. Specimen placed in EndoCatch bag for removal. Irrigation performed with antibiotic solution. The umbilical fascia is reapproximated with interrupted PDS 3-0 sutures. Skin incisions are closed with Steri-Strips.

The patient will be continued on IV antibiotics and advanced to diet as tolerated. No mesenteric ischemia. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-3HFYR8-13737