

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Maisonneuve-Rosemont

Date: 2024-11-12 22:22

Anesthésiste / Anesthetist: Dr. Julia Miller

Chirurgien / Surgeon: Dr. Sarah Johnson

Assistant(s): Dr. resident Jake Turner

Diagnostic préopératoire / Pre-operative diagnosis:

**PERFORATED APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**PERFORATED APPENDICITIS WITH ABSCESS.**

Opération / Operation:

**APPENDECTOMY WITH REMOVAL OF APPENDICOLITH.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and abscess wall

Anesthésie / Anesthesia: General anesthesia and epidural block

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

Patient (12 years, female) presented with abdominal pain after trauma, markedly elevated WBC, normal CRP. Imaging: CT scan showing peri-appendiceal fluid.

## 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. We create a 1 cm infraumbilical incision and enter the abdomen using the Hasson technique. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. Operative findings included perforated appendix and extensive inflammation. No pus or abscess formation found. Multiple bowel loops adherent to the mass. We proceed with careful dissection of the appendiceal attachments. Mesenteric vessels to the appendix are secured prior to removal. The appendix is ligated at its base with two absorbable sutures and then amputated. Specimen placed in EndoCatch bag for removal. Saline is used for thorough irrigation of all quadrants. We close the fascia with PDS 2-0 in an interrupted fashion. Skin is approximated with subcuticular Vicryl 4-0.

Continue surgical care with antibiotic therapy and diet advancement as tolerated. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-SNE04Y-12371