## PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU de Québec Date: 2024-01-28 14:26

Anesthésiste / Anesthetist: Dr. Amélie Moreau

Chirurgien / Surgeon: Dr. Sophie Chen Assistant(s): Dr. resident Anna Kim

Diagnostic préopératoire / Pre-operative diagnosis:

## APPENDICITIS WITH INTUSSUSCEPTION.

Diagnostic postopératoire / Post-operative diagnosis:

**ACUTE APPENDICITIS.** 

Opération / Operation:

#### APPENDECTOMY WITH REMOVAL OF APPENDICOLITH.

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

Anesthésie / Anesthesia: Total intravenous anesthesia

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

Pediatric patient (5, non-binary) presenting with acute onset abdominal pain with palpable mass. History: history of constipation. Imaging confirmed 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. Accessory port placed in epigastric region. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, diffuse adhesions noted. Appendix was distended and surrounded by There was a contained abscess in the right lower quadrant. and No significant adhesions. No intraoperative complications occurred. Dissection is carried out to isolate the base of the appendix. The mesoappendix is dissected and the appendiceal artery is controlled with electrocautery. The base of the appendix is healthy and we place three EndoLoops - two proximal and one distal - before transecting the appendix. 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-SZT7CE-13484