

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU de Québec

Date: 2023-11-24 21:55

Anesthésiste / Anesthetist: Dr. Claire Dubois

Chirurgien / Surgeon: Dr. Ahmed Khan

Assistant(s): Dr. resident Sophia Lee

Diagnostic préopératoire / Pre-operative diagnosis:

**APPENDICITIS WITH FREE FLUID.**

Diagnostic postopératoire / Post-operative diagnosis:

**APPENDICITIS WITH PELVIC ABSCESS.**

Opération / Operation:

**LAPAROSCOPIC APPENDECTOMY.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix

Anesthésie / Anesthesia: General anesthesia with caudal block

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

A 2-year-old non-binary who presented with abdominal pain with distention. Initially evaluated 1 days prior and diagnosed with gastroenteritis. Now has elevated WBC, high CRP, high fever. Imaging: MRI demonstrating RLQ inflammation.

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

Patient in supine position. General anesthesia with local infiltration administered. Time-out was performed and abdomen prepped in sterile fashion. We make an infraumbilical incision of 1 cm, dissect the subcutaneous tissue bluntly and penetrate the abdominal cavity via an open technique. Single-incision laparoscopic port is used. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, diffuse adhesions noted. The surgical field demonstrated sclerotic appendix with localized surrounding inflammation. No abscess was identified. No abnormal adhesions found. Surrounding omentum and bowel are separated from the inflammatory mass. The mesoappendix is dissected and the appendiceal artery is controlled with electrocautery. Base of appendix secured with purse-string suture prior to removal. Specimen placed in EndoCatch bag for removal. We lavage the abdomen extensively, paying particular attention to the pelvis and right gutter. Umbilical port site is closed with Maxon 2-0 and skin with interrupted nylon 4-0.

Postoperative imaging if fever persists. No need for drains postoperatively. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-8K6YFL-12885