

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital de Verdun

Date: 2025-09-01 03:21

Anesthésiste / Anesthetist: Dr. Julia Miller

Chirurgien / Surgeon: Dr. Victor Chen

Assistant(s): Dr. resident Maya Singh

Diagnostic préopératoire / Pre-operative diagnosis:

**APPENDICITIS WITH ABSCESS.**

Diagnostic postopératoire / Post-operative diagnosis:

**APPENDICITIS WITH HEMORRHAGE.**

Opération / Operation:

**OPEN APPENDECTOMY.**

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:

A 9-year-old male who presented with abdominal pain with diarrhea. Initially evaluated 4 days prior and diagnosed with Crohn's disease. Now has elevated WBC, high CRP, low-grade fever. Imaging: MRI demonstrating RLQ inflammation.

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

Patient in supine position. General anesthesia with mask induction administered. Time-out was performed and abdomen prepped in sterile fashion. Transverse infraumbilical incision is performed and access gained via blunt dissection. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, minimal adhesions noted. Operative findings included perforated appendix and severe inflammation. Multiple small abscesses were encountered. Minimal adhesions were noted. Incidental Meckel's diverticulum found and left in situ. Blunt dissection is used to free the appendix from surrounding structures. The appendiceal artery is ligated and divided. 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. Thorough irrigation of the abdominal cavity is performed, removing all purulent material. Umbilical port site is closed with Polysorb 2-0 and skin with subcuticular Vicryl 4-0.

IV fluids and pain management as per protocol. No mesenteric ischemia. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-LR990Y-11890