

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital de Verdun

Date: 2024-11-29 04:54

Anesthésiste / Anesthetist: Dr. Claire Dubois

Chirurgien / Surgeon: Dr. Victor Chen

Assistant(s): Dr. resident Maya Singh

Diagnostic préopératoire / Pre-operative diagnosis:

**ACUTE APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**PERFORATED APPENDICITIS.**

Opération / Operation:

**APPENDECTOMY WITH REMOVAL OF APPENDICOLITH.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with surrounding lymph nodes

Anesthésie / Anesthesia: General anesthesia

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

Patient (6 years, non-binary) presented with abdominal pain with lethargy, normal WBC, high CRP. Imaging: ultrasound with non-visualized appendix and secondary signs.

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

Patient in supine position. General anesthesia with caudal block 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. Single-incision laparoscopic port is used. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, moderate adhesions noted. The appendix was hyperemic with mild inflammation. Abscess cavity found in RLQ and irrigated. Multiple bowel loops adherent to the mass. The appendix is mobilized using a combination of sharp and blunt dissection. The appendiceal artery is ligated and divided. Endoscopic stapling is used for appendiceal division. Specimen placed in EndoCatch bag for removal. Saline is used for thorough irrigation of all quadrants. Umbilical port site is closed with Vicryl 2-0 and skin with interrupted nylon 4-0.

Patient to receive postoperative IV antibiotics with monitoring for return of bowel function. No mesenteric ischemia. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-R8DWA0-13946