## PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU de Québec Date: 2024-03-26 13:53

Anesthésiste / Anesthetist: Dr. Rachel Stein Chirurgien / Surgeon: Dr. Isabelle Girard Assistant(s): Dr. resident Maya Singh

Diagnostic préopératoire / Pre-operative diagnosis:

## PERFORATED APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH PERITONEAL CONTAMINATION.

Opération / Operation:

#### APPENDECTOMY WITH REMOVAL OF APPENDICOLITH.

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

Anesthésie / Anesthesia: General endotracheal anesthesia

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

A 6-year-old female with 2 days history of persistent vomiting and abdominal pain. Failed conservative management for gastroenteritis. Imaging: ultrasound with non-visualized appendix and secondary signs. Past medical history is otherwise unremarkable.

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

Patient in supine position. General anesthesia 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, minimal adhesions noted. Operative findings included perforated appendix and diffuse inflammation. Multiple small abscesses were encountered. Minimal adhesions were noted. No mesenteric ischemia. We proceed with careful dissection of the appendiceal attachments. Appendiceal vessels controlled with clips. Endoscopic stapling is used for appendiceal division. Specimen placed in EndoCatch bag for removal. Abdominal lavage performed until clear. Umbilical port site is closed with PDS 2-0 and skin with subcuticular Vicryl 4-0. No evidence of peritoneal carcinomatosis.

Consult infectious disease if antibiotics need adjustment. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-MBIMA5-11911