

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU Sainte-Justine

Date: 2025-02-16 06:10

Anesthésiste / Anesthetist: Dr. John Evans

Chirurgien / Surgeon: Dr. Robert Tremblay

Assistant(s): Dr. resident Chloe Nguyen

Diagnostic préopératoire / Pre-operative diagnosis:

**PHLEGMONOUS APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**APPENDICITIS WITH PELVIC ABSCESS.**

Opération / Operation:

**LAPAROSCOPIC APPENDECTOMY WITH OMENTAL WRAPPING.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendicolith

Anesthésie / Anesthesia: General anesthesia with regional block

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

13-year-old female with one week abdominal pain, elevated WBC, normal CRP, high fever. Imaging: ultrasound reporting lymphadenopathy. recent travel.

## 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, extensive adhesions noted. The appendix was gangrenous with patchy inflammation. There was a contained abscess in the right lower quadrant. The appendix was adhered to surrounding structures. Small serosal tear repaired intraoperatively. Meticulous dissection performed due to distorted anatomy. The mesoappendix is divided using a bipolar energy device. We apply an endoscopic stapler to the base of the appendix and divide it. Specimen placed in EndoCatch bag for removal. Abdominal lavage performed until clear. Umbilical port site is closed with Vicryl 2-0 and skin with non-absorbable Prolene 4-0. No technical difficulties encountered during surgery.

Monitor for signs of infection; advance diet as tolerated. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-8UQW5A-10536