

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Royal Victoria Hospital

Date: 2024-07-30 15:12

Anesthésiste / Anesthetist: Dr. Lisa Garcia

Chirurgien / Surgeon: Dr. Ahmed Khan

Assistant(s): Dr. resident Jennifer Park

Diagnostic préopératoire / Pre-operative diagnosis:

**APPENDICITIS WITH ABSCESS.**

Diagnostic postopératoire / Post-operative diagnosis:

**PERFORATED APPENDICITIS.**

Opération / Operation:

**APPENDECTOMY WITH INTRA-ABDOMINAL DRAINAGE.**

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

Anesthésie / Anesthesia: General anesthesia

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

16-year-old female with 1 day abdominal pain, normal WBC, normal CRP, no fever. Imaging: CT scan showing peri-appendiceal fluid. previous similar episode.

## 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. A vertical infraumbilical incision is made and carried down to the fascia which is incised sharply. We place two additional trocars, one in the suprapubic region and one in the left lower quadrant, both under direct vision. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. The appendix was ruptured with intense inflammation. There was a contained abscess in the right lower quadrant. No abnormal adhesions found. Minimal intraoperative blood loss. Meticulous dissection performed due to distorted anatomy. The appendiceal mesentery is carefully taken down with harmonic scalpel. Base of appendix secured with purse-string suture prior to removal. Specimen placed in EndoCatch bag for removal. We irrigate the abdominal cavity copiously with warm saline until the effluent is clear. Umbilical port site is closed with PDS 3-0 and skin with Steri-Strips.

Postoperative imaging if fever persists. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-1GM6V6-13183