

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Shriners Hospitals for Children

Date: 2024-10-03 20:08

Anesthésiste / Anesthetist: Dr. Camille Roy

Chirurgien / Surgeon: Dr. Elena Rodriguez

Assistant(s): Dr. resident Sophia Lee

Diagnostic préopératoire / Pre-operative diagnosis:

**RUPTURED APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**RUPTURED APPENDICITIS.**

Opération / Operation:

**OPEN APPENDECTOMY.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix

Anesthésie / Anesthesia: General endotracheal anesthesia

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

A 13-year-old male who presented with abdominal pain with distention. Initially evaluated 3 days prior and diagnosed with constipation. Now has markedly elevated WBC, elevated CRP, no fever. Imaging: CT scan showing peri-appendiceal fluid.

## 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 small infraumbilical incision is made and the abdominal cavity is entered under direct vision. 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, moderate adhesions noted. The appendix was gangrenous with marked inflammation. Multiple small abscesses were encountered. Dense adhesions were encountered during dissection. No evidence of malignancy. Meticulous dissection performed due to distorted anatomy. The appendiceal artery is ligated and divided. We secure the appendiceal base with two Endoloops and transect between them. Specimen placed in EndoCatch bag for removal. We irrigate the abdominal cavity copiously with warm saline until the effluent is clear. We close the fascia with PDS 2-0 in an interrupted fashion. Skin is approximated with Steri-Strips.

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

Case ID: CASE-I533X2-12217