

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Shriners Hospitals for Children

Date: 2025-05-02 06:27

Anesthésiste / Anesthetist: Dr. Amélie Moreau

Chirurgien / Surgeon: Dr. Daniel Fortin

Assistant(s): Dr. resident Sophia Lee

Diagnostic préopératoire / Pre-operative diagnosis:

**APPENDICITIS WITH SEPSIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**GANGRENOUS APPENDICITIS.**

Opération / Operation:

**APPENDECTOMY WITH LYSIS OF ADHESIONS.**

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

Anesthésie / Anesthesia: General anesthesia with caudal block

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

A 2-year-old non-binary who presented with RLQ tenderness and guarding. Initially evaluated 3 days prior and diagnosed with ovarian cyst. Now has elevated WBC, elevated CRP, low-grade fever. Imaging: MRI demonstrating RLQ inflammation. Recent travel history may be relevant.

## 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. 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. Findings include friable appendix with patchy inflammatory changes. No abscess was identified. Severe adhesions required careful lysis. No intraoperative complications occurred. Blunt dissection is used to free the appendix from surrounding structures. The appendiceal artery is ligated and divided. Endoscopic stapling is used for appendiceal division. Specimen placed in EndoCatch bag for removal. Copious irrigation is undertaken to ensure removal of all inflammatory debris. Umbilical port site is closed with Vicryl 3-0 and skin with interrupted nylon 4-0.

Discharge home when tolerating oral intake and afebrile. No intraoperative complications occurred. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-2PDFMP-12505