

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Maisonneuve-Rosemont

Date: 2025-07-15 13:53

Anesthésiste / Anesthetist: Dr. Julia Miller

Chirurgien / Surgeon: Dr. James Wilson

Assistant(s): Dr. resident Lucas Martin

Diagnostic préopératoire / Pre-operative diagnosis:

**APPENDICITIS WITH FREE FLUID.**

Diagnostic postopératoire / Post-operative diagnosis:

**APPENDICITIS WITH PERITONEAL CONTAMINATION.**

Opération / Operation:

**OPEN APPENDECTOMY WITH PELVIC LAVAGE.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix

Anesthésie / Anesthesia: General anesthesia with mask induction

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

A 6-year-old male who presented with abdominal pain with anorexia. Initially evaluated 2 days prior and diagnosed with ovarian cyst. Now has markedly elevated WBC, high CRP, low-grade fever. 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 with caudal block 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. Two working ports are established in the right and left lower quadrants. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. Appendix appeared phlegmonous, surrounded by fluctuating inflammatory reaction. No pus or abscess formation found. The appendix was adhered to surrounding structures. We proceed with careful dissection of the appendiceal attachments. 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. Thorough irrigation of the abdominal cavity is performed, removing all purulent material. All port sites closed with Dermabond.

Patient to receive postoperative IV antibiotics with monitoring for return of bowel function. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-M2MNKK-11122