

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Royal Victoria Hospital

Date: 2025-03-26 00:20

Anesthésiste / Anesthetist: Dr. Rachel Stein

Chirurgien / Surgeon: Dr. Victor Chen

Assistant(s): Dr. resident Fatima Sheikh

Diagnostic préopératoire / Pre-operative diagnosis:

**SUPPURATIVE APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**APPENDICITIS WITH EXTENSIVE ADHESIONS.**

Opération / Operation:

**LAPAROSCOPIC CONVERTED TO OPEN APPENDECTOMY.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and peri-appendiceal tissue

Anesthésie / Anesthesia: General anesthesia with nitrous oxide

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

Patient (12 years, female) presented with diffuse abdominal pain localizing to RLQ, markedly elevated WBC, high CRP. Imaging: ultrasound suggestive of appendicitis. 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. Additional 5 mm trocars are placed in the right and left lower quadrants under laparoscopic guidance. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, minimal adhesions noted. The surgical field demonstrated phlegmonous appendix with diffuse surrounding inflammation. A small localized abscess was found and drained. No abnormal adhesions found. No mesenteric ischemia. We carefully dissect the inflammatory mass and identify the ruptured appendix. The appendiceal mesentery is carefully taken down with harmonic scalpel. We apply an endoscopic stapler to the base of the appendix and divide it. Specimen placed in EndoCatch bag for removal. Irrigation performed with antibiotic solution. We close the fascia with Vicryl 2-0 in an interrupted fashion. Skin is approximated with Dermabond.

IV fluids and pain management as per protocol. Minor bleeding controlled with cautery. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-0CPZFE-11903