

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Maisonneuve-Rosemont

Date: 2025-02-14 04:38

Anesthésiste / Anesthetist: Dr. Rachel Stein

Chirurgien / Surgeon: Dr. Martin Levesque

Assistant(s): Dr. resident John Paul

Diagnostic préopératoire / Pre-operative diagnosis:

**APPENDICITIS WITH INTUSSUSCEPTION.**

Diagnostic postopératoire / Post-operative diagnosis:

**PHLEGMONOUS APPENDICITIS.**

Opération / Operation:

**LAPAROSCOPIC APPENDECTOMY WITH DRAINAGE OF ABSCESS.**

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

Anesthésie / Anesthesia: Total intravenous anesthesia

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

4-year-old male with one week abdominal pain, normal WBC, elevated CRP, no fever. Imaging: ultrasound showing perforated appendicitis. family history of appendicitis.

## 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. Accessory port placed in epigastric region. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. Appendix appeared thick-walled, surrounded by localized inflammatory reaction. A moderate amount of purulent material was present in the pelvis. Fibrinous adhesions were lysed during the procedure. We proceed with careful dissection of the appendiceal attachments. The appendiceal mesentery is carefully taken down with harmonic scalpel. The base of the appendix is healthy and we place three EndoLoops - two proximal and one distal - before transecting the appendix. 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 a interrupted fashion. Skin is approximated with interrupted silk 4-0.

Repeat CBC and CRP postoperatively. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-AYA9V2-11041