

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Shriners Hospitals for Children

Date: 2024-07-29 17:33

Anesthésiste / Anesthetist: Dr. Paul Anderson

Chirurgien / Surgeon: Dr. Sophie Chen

Assistant(s): Dr. resident Marc Gagnon

Diagnostic préopératoire / Pre-operative diagnosis:

**APPENDICITIS WITH ABSCESS.**

Diagnostic postopératoire / Post-operative diagnosis:

**APPENDICITIS WITH LOCALIZED PERITONITIS.**

Opération / Operation:

**OPEN APPENDECTOMY.**

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

Anesthésie / Anesthesia: General anesthesia

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

A 13-year-old female who presented with abdominal pain after trauma. Initially evaluated 2 days prior and diagnosed with ovarian cyst. Now has normal WBC, high CRP, low-grade fever. Imaging: CT scan showing peri-appendiceal fluid. Past medical history is otherwise unremarkable.

## Procédure(s) opératoire(s) / Operative procedure(s):

Patient in supine position. General anesthesia with regional block administered. Time-out was performed and abdomen prepped in sterile fashion. We create a 1 cm infraumbilical incision and enter the abdomen using the Hasson technique. 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. Appendix was perforated and surrounded by A small localized abscess was found and drained. and No significant adhesions. Incidental Meckel's diverticulum found and left in situ. The appendix is mobilized using a combination of sharp and blunt dissection. We dissect the mesentery of the appendix and use the electrocautery to coagulate the artery. Endoscopic stapling is used for appendiceal division. Specimen placed in EndoCatch bag for removal. Irrigation performed with antibiotic solution. Fascial closure is performed at the umbilical site using PDS 3-0. The skin is closed with interrupted silk 4-0.

Monitor wound sites for infection. Minimal intraoperative blood loss. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-U8A1Q0-10592