

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU de Québec

Date: 2025-01-22 09:57

Anesthésiste / Anesthetist: Dr. Aisha Patel

Chirurgien / Surgeon: Dr. Martin Levesque

Assistant(s): Dr. resident Chloe Nguyen

Diagnostic préopératoire / Pre-operative diagnosis:

**ACUTE APPENDICITIS WITH PERITONITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**PHLEGMONOUS APPENDICITIS.**

Opération / Operation:

**OPEN APPENDECTOMY WITH PELVIC LAVAGE.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with attached omentum

Anesthésie / Anesthesia: General anesthesia and epidural block

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

Patient (12 years, female) presented with RLQ tenderness and guarding, markedly elevated WBC, normal CRP. Imaging: MRI demonstrating RLQ inflammation. 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. Direct trocar insertion after skin and fascia incision. We place two additional trocars, one in the suprapubic region and one in the left lower quadrant, both under direct vision. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. Findings include suppurative appendix with diffuse inflammatory changes. No abscess was identified. The appendix was adhered to surrounding structures. Meticulous dissection performed due to distorted anatomy. The mesoappendix is divided using a bipolar energy device. Absorbable ligatures are applied prior to amputation. Specimen placed in EndoCatch bag for removal. Thorough irrigation of the abdominal cavity is performed, removing all purulent material. The umbilical fascia is reapproximated with interrupted Maxon 2-0 sutures. Skin incisions are closed with interrupted silk 4-0.

Monitor for signs of infection; advance diet as tolerated. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-LFUQ3Z-10043