

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Jewish General Hospital

Date: 2025-06-25 09:04

Anesthésiste / Anesthetist: Dr. Omar Fahmy

Chirurgien / Surgeon: Dr. Martin Levesque

Assistant(s): Dr. resident Lucas Martin

Diagnostic préopératoire / Pre-operative diagnosis:

**APPENDICITIS WITH SEPSIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**GANGRENOUS APPENDICITIS.**

Opération / Operation:

**LAPAROSCOPIC APPENDECTOMY WITH OMENTAL WRAPPING.**

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

Anesthésie / Anesthesia: General anesthesia with regional block

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

5-year-old non-binary with 3 days abdominal pain, markedly elevated WBC, elevated CRP, no fever. Imaging: CT scan revealing free fluid. history of constipation.

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

Patient in supine position. Total intravenous anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. Transverse infraumbilical incision is performed and access gained via blunt dissection. Accessory port placed in epigastric region. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. Intraoperative examination revealed necrotic appendix. Purulent fluid was noted throughout the abdominal cavity. The appendix was adhered to surrounding structures. The surrounding tissues showed fluctuating reaction. Blunt dissection is used to free the appendix from surrounding structures. We dissect the mesentery of the appendix and use the electrocautery to coagulate the artery. Absorbable ligatures are applied prior to amputation. Specimen placed in EndoCatch bag for removal. We lavage the abdomen extensively, paying particular attention to the pelvis and right gutter. Umbilical port site is closed with Vicryl 3-0 and skin with subcuticular Vicryl 4-0.

The patient will be continued on IV antibiotics and advanced to diet as tolerated. Small serosal tear repaired intraoperatively. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-KBF9GN-10331