

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital de Verdun

Date: 2025-03-14 20:50

Anesthésiste / Anesthetist: Dr. Camille Roy

Chirurgien / Surgeon: Dr. Sarah Johnson

Assistant(s): Dr. resident Anna Kim

Diagnostic préopératoire / Pre-operative diagnosis:

**APPENDICITIS WITH SEPSIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**APPENDICITIS WITH PELVIC ABSCESS.**

Opération / Operation:

**LAPAROSCOPIC APPENDECTOMY WITH DRAINAGE OF ABSCESS.**

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

Anesthésie / Anesthesia: General anesthesia with nitrous oxide

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

Patient (7 years, non-binary) presented with diffuse abdominal pain localizing to RLQ, markedly elevated WBC, normal CRP. Imaging: ultrasound showing appendicitis.

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

Patient in supine position. General anesthesia 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, diffuse adhesions noted. The surgical field demonstrated suppurative appendix with marked surrounding inflammation. A moderate amount of purulent material was present in the pelvis. Fibrinous adhesions were lysed during the procedure. Dissection is carried out to isolate the base of the appendix. The appendiceal artery is ligated and divided. We apply an endoscopic stapler to the base of the appendix and divide it. Specimen placed in EndoCatch bag for removal. We lavage the abdomen extensively, paying particular attention to the pelvis and right gutter. Fascial closure is performed at the umbilical site using Polysorb 2-0. The skin is closed with Steri-Strips.

Patient will remain on IV antibiotics with gradual diet advancement as per surgery protocol. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-ZR3E99-12192