

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: MCH

Date: 2025-06-22 16:35

Anesthésiste / Anesthetist: Dr. Lisa Garcia

Chirurgien / Surgeon: Dr. Martin Levesque

Assistant(s): Dr. resident Jake Turner

Diagnostic préopératoire / Pre-operative diagnosis:

**APPENDICITIS WITH ABSCESS.**

Diagnostic postopératoire / Post-operative diagnosis:

**APPENDICITIS WITH PERITONEAL CONTAMINATION.**

Opération / Operation:

**LAPAROSCOPIC APPENDECTOMY.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and peri-appendiceal tissue

Anesthésie / Anesthesia: General anesthesia with regional block

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

A 5-year-old non-binary who presented with right lower quadrant pain. Initially evaluated 2 days prior and diagnosed with gastroenteritis. Now has markedly elevated WBC, high CRP, low-grade fever. Imaging: CT scan showing appendiceal abscess.

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

Patient in supine position. General anesthesia 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. 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, minimal adhesions noted. Intraoperative examination revealed phlegmonous appendix. No abscess was identified. The omentum was wrapped around the inflamed appendix. The surrounding tissues showed marked reaction. The appendix is mobilized using a combination of sharp and blunt dissection. The mesoappendix is divided using a bipolar energy device. We apply an endoscopic stapler to the base of the appendix and divide it. Specimen placed in EndoCatch bag for removal. Abdominal lavage performed until clear. The umbilical fascia is reapproximated with interrupted Polysorb 2-0 sutures. Skin incisions are closed with Steri-Strips. No unexpected findings.

Postoperative imaging if fever persists. No intraoperative complications occurred. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-IYEA1Z-10393