# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU Sainte-Justine                                     Date: 2024-08-30 08:46

Anesthésiste / Anesthetist: Dr. Thomas White

Chirurgien / Surgeon: Dr. James Wilson

Assistant(s): Dr. resident Emily Clark

Diagnostic préopératoire / Pre-operative diagnosis:

**RUPTURED APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**GANGRENOUS APPENDICITIS.**

Opération / Operation:

**OPEN APPENDECTOMY.**

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

Anesthésie / Anesthesia: General anesthesia with mask induction

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

A 8-year-old female with 3 days history of abdominal pain with fever. Failed conservative management for food poisoning. Imaging: ultrasound showing perforated appendicitis. Recent travel history may be relevant.

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

Patient in supine position. General anesthesia with caudal block administered. Time-out was performed and abdomen prepped in sterile fashion. We make an infraumbilical incision of 1 cm, dissect the subcutaneous tissue bluntly and penetrate the abdominal cavity via an open technique. Three trocars in total are used for laparoscopic access. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, diffuse adhesions noted. The appendix was shrunken with intense inflammation. No pus or abscess formation found. No significant adhesions. Appendix is isolated after adhesiolysis. Appendiceal vessels controlled with clips. Base of appendix secured with purse-string suture prior to removal. Specimen placed in EndoCatch bag for removal. Abdominal lavage performed until clear. We close the fascia with Ethibond 2-0 in a interrupted fashion. Skin is approximated with interrupted silk 4-0. Ovaries and uterus normal in female patients.

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

*Case ID: CASE-U2QO4B-12093*