# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Ste-Agathe Hospital Date: 2025-03-30 09:22

Anesthésiste / Anesthetist: Dr. Thomas White
Chirurgien / Surgeon: Dr. Isabelle Girard
Assistant(s): Dr. resident Fatima Sheikh

Diagnostic préopératoire / Pre-operative diagnosis:
**APPENDICITIS WITH BOWEL OBSTRUCTION.**
Diagnostic postopératoire / Post-operative diagnosis:
**APPENDICITIS WITH BOWEL OBSTRUCTION.**

Opération / Operation:
**OPEN APPENDECTOMY.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendicolith
Anesthésie / Anesthesia: Total intravenous anesthesia

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

A 14-year-old male with 3 days history of abdominal pain with palpable mass. Failed conservative management for pneumonia. Imaging: MRI showing bowel wall thickening. Past medical history is otherwise unremarkable. Recent travel history may be relevant.

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

Patient in supine position. General anesthesia with mask induction 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, diffuse adhesions noted. Operative findings included thick-walled appendix and minimal inflammation. A moderate amount of purulent material was present in the pelvis. Minimal adhesions were noted. We proceed with careful dissection of the appendiceal attachments. Mesenteric vessels to the appendix are secured prior to removal. 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. We close the fascia at the umbilical port with figure-of-eight sutures of PDS 3-0 and the skin with interrupted nylon 4-0.

Patient to receive postoperative IV antibiotics with monitoring for return of bowel function. No need for drains postoperatively. The patient tolerated the procedure well with minimal blood loss.