

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Charles-LeMoyne

Date: 2025-02-21 11:00

Anesthésiste / Anesthetist: Dr. Julia Miller

Chirurgien / Surgeon: Dr. Sophie Chen

Assistant(s): Dr. resident Zoe Tremblay

Diagnostic préopératoire / Pre-operative diagnosis:

**SUPPURATIVE APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**APPENDICITIS WITH EXTENSIVE ADHESIONS.**

Opération / Operation:

**OPEN APPENDECTOMY WITH PELVIC LAVAGE.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendicolith

Anesthésie / Anesthesia: General anesthesia with nitrous oxide

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

A 17-year-old non-binary who presented with abdominal pain with rebound tenderness. Initially evaluated 1 days prior and diagnosed with constipation. Now has normal WBC, elevated CRP, no fever. Imaging: ultrasound with non-visualized appendix and secondary signs.

## 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. A small infraumbilical incision is made and the abdominal cavity is entered under direct vision. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, moderate adhesions noted. The surgical field demonstrated perforated appendix with fluctuating surrounding inflammation. A large pelvic abscess was present and evacuated. The appendix was adhered to surrounding structures. Dissection is carried out to isolate the base of the appendix. Mesenteric vessels to the appendix are secured prior to removal. Absorbable ligatures are applied prior to amputation. Specimen placed in EndoCatch bag for removal. Saline is used for thorough irrigation of all quadrants. Umbilical port site is closed with Maxon 2-0 and skin with subcuticular Monocryl 4-0.

Patient will remain on IV antibiotics with gradual diet advancement as per surgery protocol. No evidence of peritoneal carcinomatosis. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-QO1Y90-11901