

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Maisonneuve-Rosemont

Date: 2025-06-04 21:31

Anesthésiste / Anesthetist: Dr. Claire Dubois

Chirurgien / Surgeon: Dr. Ahmed Khan

Assistant(s): Dr. resident Chloe Nguyen

Diagnostic préopératoire / Pre-operative diagnosis:

**RUPTURED APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**RUPTURED APPENDICITIS.**

Opération / Operation:

**LAPAROSCOPIC APPENDECTOMY WITH IRRIGATION AND DRAINAGE.**

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

Anesthésie / Anesthesia: General anesthesia with nitrous oxide

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

14-year-old female with several hours abdominal pain, markedly elevated WBC, elevated CRP, no fever. Imaging: CT scan showing peri-appendiceal fluid. previous similar episode. Past medical history is otherwise unremarkable.

## 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 make an infraumbilical incision of 1 cm, dissect the subcutaneous tissue bluntly and penetrate the abdominal cavity via an open technique. Single-incision laparoscopic port is used. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. The appendix was thick-walled with patchy inflammation. Abscess cavity found in RLQ and irrigated. Fibrinous adhesions were lysed during the procedure. No technical difficulties encountered during surgery. We carefully dissect the inflammatory mass and identify the thick-walled appendix. Appendiceal vessels controlled with clips. We apply an endoscopic stapler to the base of the appendix and divide it. Specimen placed in EndoCatch bag for removal. Copious irrigation is undertaken to ensure removal of all inflammatory debris. The umbilical fascia is reapproximated with interrupted Vicryl 3-0 sutures. Skin incisions are closed with Steri-Strips.

Continue surgical care with antibiotic therapy and diet advancement as tolerated. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-7SJZHQ-12790