

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Notre-Dame

Date: 2025-07-19 19:25

Anesthésiste / Anesthetist: Dr. Aisha Patel

Chirurgien / Surgeon: Dr. Paul Lambert

Assistant(s): Dr. resident Jennifer Park

Diagnostic préopératoire / Pre-operative diagnosis:

**APPENDICITIS WITH INTUSSUSCEPTION.**

Diagnostic postopératoire / Post-operative diagnosis:

**APPENDICITIS WITH EXTENSIVE ADHESIONS.**

Opération / Operation:

**LAPAROSCOPIC APPENDECTOMY WITH IRRIGATION AND DRAINAGE.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendicolith

Anesthésie / Anesthesia: General anesthesia with caudal block

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

Patient (2 years, non-binary) presented with abdominal pain with vomiting, markedly elevated WBC, normal CRP. Imaging: ultrasound with non-visualized appendix and secondary signs. Past medical history is otherwise unremarkable.

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

Patient in supine position. General endotracheal anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. A vertical infraumbilical incision is made and carried down to the fascia which is incised sharply. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, minimal adhesions noted. The surgical field demonstrated suppurative appendix with minimal surrounding inflammation. There was a contained abscess in the right lower quadrant. No abnormal adhesions found. 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. We lavage the abdomen extensively, paying particular attention to the pelvis and right gutter. The umbilical fascia is reapproximated with interrupted Vicryl 3-0 sutures. Skin incisions are closed with subcuticular Vicryl 4-0.

Discharge home when tolerating oral intake and afebrile. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-QNET5B-12950