

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Notre-Dame

Date: 2024-04-30 09:24

Anesthésiste / Anesthetist: Dr. Claire Dubois

Chirurgien / Surgeon: Dr. Daniel Fortin

Assistant(s): Dr. resident Emily Clark

Diagnostic préopératoire / Pre-operative diagnosis:

**LOCALIZED PERITONITIS SECONDARY TO APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**LOCALIZED PERITONITIS SECONDARY TO APPENDICITIS.**

Opération / Operation:

**APPENDECTOMY WITH LYSIS OF ADHESIONS.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with attached omentum

Anesthésie / Anesthesia: General anesthesia with mask induction

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

Pediatric patient (1, non-binary) presenting with acute onset abdominal pain with rebound tenderness. History: family history of appendicitis. Imaging confirmed appendicitis. Recent travel history may be relevant.

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

Patient in supine position. General anesthesia 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, diffuse adhesions noted. The appendix was gangrenous with intense 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. The base of the appendix is healthy and we place three EndoLoops - two proximal and one distal - before transecting the appendix. Specimen placed in EndoCatch bag for removal. Saline is used for thorough irrigation of all quadrants. We close the fascia at the umbilical port with figure-of-eight sutures of PDS 2-0 and the skin with subcuticular Monocryl 4-0. Minimal intraoperative blood loss.

Repeat CBC and CRP postoperatively. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-9X8NXS-13140