

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Charles-LeMoyne

Date: 2024-01-08 22:22

Anesthésiste / Anesthetist: Dr. Kevin Zhang

Chirurgien / Surgeon: Dr. Marie-Claire Dubois

Assistant(s): Dr. resident Fatima Sheikh

Diagnostic préopératoire / Pre-operative diagnosis:

**COMPLICATED APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**APPENDICITIS WITH PELVIC ABSCESS.**

Opération / Operation:

**OPEN APPENDECTOMY WITH PELVIC LAVAGE.**

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

Anesthésie / Anesthesia: General anesthesia with mask induction

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

Patient (4 years, male) presented with abdominal pain with rebound tenderness, markedly elevated WBC, elevated CRP. Imaging: CT scan showing appendiceal abscess.

## 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. 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, extensive adhesions noted. Intraoperative examination revealed ruptured appendix. No abscess was identified. No abnormal adhesions found. The surrounding tissues showed intense reaction. Dissection is carried out to isolate the base of the appendix. The appendiceal artery is ligated and divided. Endoscopic stapling is used for appendiceal division. Specimen placed in EndoCatch bag for removal. Abdominal lavage performed until clear. Umbilical port site is closed with PDS 2-0 and skin with subcuticular Vicryl 4-0.

The patient will be continued on IV antibiotics and advanced to diet as tolerated. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-VJR5ZH-13038