

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Royal Victoria Hospital

Date: 2024-08-14 20:48

Anesthésiste / Anesthetist: Dr. Omar Fahmy

Chirurgien / Surgeon: Dr. Olivia Davis

Assistant(s): Dr. resident Lucas Martin

Diagnostic préopératoire / Pre-operative diagnosis:

**PHLEGMONOUS APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**APPENDICITIS WITH MESENTERIC LYMPHADENITIS.**

Opération / Operation:

**LAPAROSCOPIC APPENDECTOMY WITH DRAINAGE OF ABSCESS.**

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

Anesthésie / Anesthesia: General anesthesia

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

A 11-year-old non-binary who presented with diffuse abdominal pain localizing to RLQ. Initially evaluated 1 days prior and diagnosed with intussusception. Now has markedly elevated WBC, high CRP, no fever. Imaging: ultrasound showing phlegmonous appendicitis.

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

Patient in supine position. General anesthesia with nitrous oxide administered. Time-out was performed and abdomen prepped in sterile fashion. We create a 1 cm infraumbilical incision and enter the abdomen using the Hasson technique. Two working ports are established in the right and left lower quadrants. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, moderate adhesions noted. Operative findings included suppurative appendix and fluctuating inflammation. A small localized abscess was found and drained. Severe adhesions required careful lysis. Blunt dissection is used to free the appendix from surrounding structures. The appendiceal mesentery is carefully taken down with harmonic scalpel. We secure the appendiceal base with two Endoloops and transect between them. 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 Polysorb 2-0 sutures. Skin incisions are closed with interrupted nylon 4-0.

Early ambulation and supportive care recommended. No mesenteric ischemia. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-3JIC51-12293