

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Children's Hospital

Date: 2024-11-23 12:39

Anesthésiste / Anesthetist: Dr. Michael Brown

Chirurgien / Surgeon: Dr. Samuel Lee

Assistant(s): Dr. resident Sophia Lee

Diagnostic préopératoire / Pre-operative diagnosis:

**APPENDICITIS WITH ABSCESS.**

Diagnostic postopératoire / Post-operative diagnosis:

**PERFORATED APPENDICITIS WITH ABSCESS.**

Opération / Operation:

**OPEN APPENDECTOMY WITH PELVIC LAVAGE.**

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

Anesthésie / Anesthesia: General anesthesia with mask induction

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

Pediatric patient (14, male) presenting with acute onset abdominal pain with vomiting. History: previous similar episode. Imaging confirmed appendicitis.

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

Patient in supine position. Total intravenous 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. Accessory port placed in epigastric region. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. Intraoperative examination revealed perforated appendix. Purulent fluid was noted throughout the abdominal cavity. Mild adhesions between bowel loops observed. The surrounding tissues showed moderate reaction. We carefully dissect the inflammatory mass and identify the necrotic appendix. The appendiceal mesentery is carefully taken down with harmonic scalpel. 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. We lavage the abdomen extensively, paying particular attention to the pelvis and right gutter. We close the fascia at the umbilical port with figure-of-eight sutures of Polysorb 2-0 and the skin with interrupted silk 4-0.

Monitor wound sites for infection. Incidental Meckel's diverticulum found and left in situ. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-KLVZ6A-14087