

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: MCH

Date: 2025-05-27 02:49

Anesthésiste / Anesthetist: Dr. John Evans

Chirurgien / Surgeon: Dr. James Wilson

Assistant(s): Dr. resident Marc Gagnon

Diagnostic préopératoire / Pre-operative diagnosis:

**APPENDICITIS WITH BOWEL OBSTRUCTION.**

Diagnostic postopératoire / Post-operative diagnosis:

**PERFORATED APPENDICITIS WITH ABSCESS.**

Opération / Operation:

**APPENDECTOMY WITH LYSIS OF ADHESIONS.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and peri-appendiceal tissue

Anesthésie / Anesthesia: General anesthesia and epidural block

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

A 16-year-old male with several hours history of abdominal pain with distention. Failed conservative management for viral syndrome. Imaging: ultrasound showing perforated appendicitis. Recent travel history may be relevant.

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

Patient in supine position. General anesthesia with regional block administered. Time-out was performed and abdomen prepped in sterile fashion. A small infraumbilical incision is made and the abdominal cavity is entered under direct vision. Three trocars in total are used for laparoscopic access. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. Operative findings included perforated appendix and fluctuating inflammation. Purulent fluid was noted throughout the abdominal cavity. Multiple bowel loops adherent to the mass. Patient tolerated procedure well. Blunt dissection is used to free the appendix from surrounding structures. The appendiceal artery is ligated and divided. Absorbable ligatures are applied prior to amputation. Specimen placed in EndoCatch bag for removal. We irrigate the abdominal cavity copiously with warm saline until the effluent is clear. Umbilical port site is closed with Vicryl 2-0 and skin with subcuticular Vicryl 4-0.

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

Case ID: CASE-CJRNK2-10651