

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Children's Hospital

Date: 2024-04-20 22:19

Anesthésiste / Anesthetist: Dr. Amélie Moreau

Chirurgien / Surgeon: Dr. Victor Chen

Assistant(s): Dr. resident Sophia Lee

Diagnostic préopératoire / Pre-operative diagnosis:

**APPENDICITIS WITH ABSCESS.**

Diagnostic postopératoire / Post-operative diagnosis:

**SUPPURATIVE APPENDICITIS.**

Opération / Operation:

**APPENDECTOMY WITH REMOVAL OF APPENDICOLITH.**

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

Anesthésie / Anesthesia: General anesthesia with regional block

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

Pediatric patient (5, non-binary) presenting with acute onset abdominal pain after trauma. History: family history of appendicitis. 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. Incision is made in left lower quadrant for open conversion. 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. The surgical field demonstrated shrunken appendix with persistent surrounding inflammation. A large pelvic abscess was present and evacuated. The omentum was wrapped around the inflamed appendix. We carefully dissect the inflammatory mass and identify the perforated appendix. The mesoappendix is divided using a bipolar energy device. 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 irrigate the abdominal cavity copiously with warm saline until the effluent is clear. The umbilical fascia is reapproximated with interrupted Polysorb 2-0 sutures. Skin incisions are closed with interrupted silk 4-0. Ovaries and uterus normal in female patients.

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

Case ID: CASE-HIG6AE-11050