

## PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Notre-Dame

Date: 2025-09-18 21:26

Anesthésiste / Anesthetist: Dr. Omar Fahmy

Chirurgien / Surgeon: Dr. James Wilson

Assistant(s): Dr. resident Lucas Martin

Diagnostic préopératoire / Pre-operative diagnosis:

**RUPTURED APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**RUPTURED APPENDICITIS.**

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:

A 10-year-old female who presented with right lower quadrant pain. Initially evaluated 1 days prior and diagnosed with intussusception. Now has elevated WBC, high CRP, low-grade fever. Imaging: ultrasound suggestive of appendicitis. Past medical history is otherwise unremarkable.

### 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 make an infraumbilical incision of 1 cm, dissect the subcutaneous tissue bluntly and penetrate the abdominal cavity via an open technique. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, minimal adhesions noted. Appendix was thick-walled and surrounded by There was a contained abscess in the right lower quadrant. and Severe adhesions required careful lysis. The appendix is mobilized using a combination of sharp and blunt dissection. Appendiceal vessels controlled with clips. Absorbable ligatures are applied prior to amputation. Specimen placed in EndoCatch bag for removal. Thorough irrigation of the abdominal cavity is performed, removing all purulent material. All port sites closed with subcuticular Vicryl 4-0.

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

Case ID: CASE-DWOMFW-12078