## PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Pierre-Boucher Date: 2023-10-29 09:37

Anesthésiste / Anesthetist: Dr. Omar Fahmy Chirurgien / Surgeon: Dr. James Wilson Assistant(s): Dr. resident Maya Singh

Diagnostic préopératoire / Pre-operative diagnosis:

## **COMPLICATED APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH EXTENSIVE ADHESIONS.

Opération / Operation:

#### OPEN APPENDECTOMY.

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

Anesthésie / Anesthesia: General anesthesia

# Historique et constatations opératoires / History and operative findings:

Pediatric patient (2, male) presenting with acute onset right lower quadrant pain. History: history of constipation. 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. Direct trocar insertion after skin and fascia incision. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. Appendix was necrotic and surrounded by There was a contained abscess in the right lower quadrant. and No significant adhesions. We carefully dissect the inflammatory mass and identify the ruptured appendix. We dissect the mesentery of the appendix and use the electrocautery to coagulate the artery. 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 Monocryl 4-0. Ovaries and uterus normal in female patients.

Patient will remain on IV antibiotics with gradual diet advancement as per surgery protocol. Incidental Meckel's diverticulum found and left in situ. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-F4GLXH-10567