

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: MCH

Date: 2025-02-13 20:51

Anesthésiste / Anesthetist: Dr. Paul Anderson

Chirurgien / Surgeon: Dr. James Wilson

Assistant(s): Dr. resident Sophia Lee

Diagnostic préopératoire / Pre-operative diagnosis:

**RUPTURED APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**ACUTE APPENDICITIS.**

Opération / Operation:

**APPENDECTOMY WITH INTRA-ABDOMINAL DRAINAGE.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with surrounding lymph nodes

Anesthésie / Anesthesia: General endotracheal anesthesia

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

11-year-old male with 2 days abdominal pain, normal WBC, elevated CRP, low-grade fever. Imaging: CT scan showing appendiceal abscess. no prior abdominal surgery.

## 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. Direct trocar insertion after skin and fascia incision. 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. Appendix appeared shrunken, surrounded by intense inflammatory reaction. No abscess was identified. The appendix was adhered to surrounding structures. Appendix is isolated after adhesiolysis. The appendiceal mesentery is carefully taken down with harmonic scalpel. We apply an endoscopic stapler to the base of the appendix and divide it. Specimen placed in EndoCatch bag for removal. Thorough irrigation of the abdominal cavity is performed, removing all purulent material. We close the fascia at the umbilical port with figure-of-eight sutures of Vicryl 3-0 and the skin with interrupted nylon 4-0.

Early ambulation and supportive care recommended. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-RR8YS3-10210