## PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Ste-Agathe Hospital Date: 2024-01-04 13:26

Anesthésiste / Anesthetist: Dr. David Smith Chirurgien / Surgeon: Dr. Ahmed Khan Assistant(s): Dr. resident Carlos Mendez

Diagnostic préopératoire / Pre-operative diagnosis:

# SUPPURATIVE APPENDICITIS.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH HEMORRHAGE.

Opération / Operation:

#### LAPAROSCOPIC APPENDECTOMY WITH OMENTAL WRAPPING.

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

Anesthésie / Anesthesia: General anesthesia with nitrous oxide

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

9-year-old female with 3 days abdominal pain, markedly elevated WBC, normal CRP, low-grade fever. Imaging: MRI showing bowel wall thickening, recent antibiotic use.

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

Patient in supine position. General anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. Incision is made in left lower quadrant for open conversion. Three trocars in total are used for laparoscopic access. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. The appendix was acutely inflamed with fluctuating inflammation. There was a contained abscess in the right lower quadrant. Fibrinous adhesions were lysed during the procedure. No intraoperative complications occurred. We proceed with careful dissection of the appendiceal attachments. The appendiceal artery is ligated and divided. The appendix is ligated at its base with two absorbable sutures and then amputated. Specimen placed in EndoCatch bag for removal. Abdominal lavage performed until clear. Fascial closure is performed at the umbilical site using Ethibond 2-0. The skin is closed with subcuticular Monocryl 4-0.

IV fluids and pain management as per protocol. No intraoperative complications occurred. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-8TY4FJ-11661