

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Royal Victoria Hospital

Date: 2025-06-26 12:44

Anesthésiste / Anesthetist: Dr. Thomas White

Chirurgien / Surgeon: Dr. James Wilson

Assistant(s): Dr. resident John Paul

Diagnostic préopératoire / Pre-operative diagnosis:

**COMPLICATED APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**PERFORATED APPENDICITIS.**

Opération / Operation:

**APPENDECTOMY WITH LYSIS OF ADHESIONS.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendicolith

Anesthésie / Anesthesia: General anesthesia with mask induction

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

Pediatric patient (6, non-binary) presenting with acute onset abdominal pain with diarrhea. History: recent travel. Imaging confirmed appendicitis. Past medical history is otherwise unremarkable.

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

Patient in supine position. General endotracheal anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. Transverse infraumbilical incision is performed and access gained via blunt dissection. Two working ports are established in the right and left lower quadrants. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. The appendix was sclerotic with intense inflammation. No abscess, but turbid fluid present. Fibrinous adhesions were lysed during the procedure. Surrounding omentum and bowel are separated from the inflammatory mass. The appendiceal artery is ligated and divided. Absorbable ligatures are applied prior to amputation. Specimen placed in EndoCatch bag for removal. Copious irrigation is undertaken to ensure removal of all inflammatory debris. We close the fascia with PDS 3-0 in a interrupted fashion. Skin is approximated with interrupted silk 4-0. No bowel injury noted.

Early ambulation and supportive care recommended. No technical difficulties encountered during surgery. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-LQ6E6T-10739