

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: St. Mary's Hospital

Date: 2025-09-15 10:34

Anesthésiste / Anesthetist: Dr. John Evans

Chirurgien / Surgeon: Dr. Robert Tremblay

Assistant(s): Dr. resident Carlos Mendez

Diagnostic préopératoire / Pre-operative diagnosis:

**PHLEGMONOUS APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**APPENDICITIS WITH BOWEL OBSTRUCTION.**

Opération / Operation:

**LAPAROSCOPIC CONVERTED TO OPEN APPENDECTOMY.**

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

Anesthésie / Anesthesia: General endotracheal anesthesia

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

A 7-year-old non-binary with 3 days history of RLQ tenderness and guarding. Failed conservative management for renal colic. Imaging: CT scan revealing free fluid.

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

Patient in supine position. General anesthesia with mask induction administered. Time-out was performed and abdomen prepped in sterile fashion. A vertical infraumbilical incision is made and carried down to the fascia which is incised sharply. We place two additional trocars, one in the suprapubic region and one in the left lower quadrant, both under direct vision. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, moderate adhesions noted. Operative findings included gangrenous appendix and marked inflammation. Multiple small abscesses were encountered. Fibrinous adhesions were lysed during the procedure. No bowel injury noted. The appendix is mobilized using a combination of sharp and blunt dissection. Appendiceal vessels controlled with clips. The appendix is ligated at its base with two absorbable sutures and then amputated. Specimen placed in EndoCatch bag for removal. We irrigate the abdominal cavity copiously with warm saline until the effluent is clear. All port sites closed with interrupted silk 4-0. No mesenteric ischemia.

Monitor wound sites for infection. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-XIIT9W-12227