

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Pierre-Boucher

Date: 2025-06-22 06:58

Anesthésiste / Anesthetist: Dr. Paul Anderson

Chirurgien / Surgeon: Dr. Isabelle Girard

Assistant(s): Dr. resident Jennifer Park

Diagnostic préopératoire / Pre-operative diagnosis:

**APPENDICITIS WITH INTUSSUSCEPTION.**

Diagnostic postopératoire / Post-operative diagnosis:

**APPENDICITIS WITH MESENTERIC LYMPHADENITIS.**

Opération / Operation:

**LAPAROSCOPIC APPENDECTOMY WITH DRAINAGE OF ABSCESS.**

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

Anesthésie / Anesthesia: General anesthesia

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

A 3-year-old non-binary who presented with abdominal pain with lethargy. Initially evaluated 4 days prior and diagnosed with pneumonia. Now has normal WBC, high CRP, low-grade fever. Imaging: CT scan showing appendiceal abscess.

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

Patient in supine position. General anesthesia with caudal block administered. Time-out was performed and abdomen prepped in sterile fashion. We make an infraumbilical incision of 1 cm, dissect the subcutaneous tissue bluntly and penetrate the abdominal cavity via an open technique. 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, minimal adhesions noted. Appendix appeared perforated, surrounded by mild inflammatory reaction. There was a contained abscess in the right lower quadrant. The omentum was wrapped around the inflamed appendix. The appendix is mobilized using a combination of sharp and blunt dissection. The mesoappendix is divided using a bipolar energy device. We secure the appendiceal base with two Endoloops and transect between them. Specimen placed in EndoCatch bag for removal. Saline is used for thorough irrigation of all quadrants. Umbilical port site is closed with Maxon 2-0 and skin with interrupted nylon 4-0.

Continue surgical care with antibiotic therapy and diet advancement as tolerated. No bowel injury noted. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-GGEH1B-10637