## PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Children's Hospital Date: 2025-01-03 06:37

Anesthésiste / Anesthetist: Dr. Claire Dubois Chirurgien / Surgeon: Dr. Robert Tremblay Assistant(s): Dr. resident Carlos Mendez

Diagnostic préopératoire / Pre-operative diagnosis:

## **COMPLICATED APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

PERFORATED APPENDICITIS WITH ABSCESS.

Opération / Operation:

#### OPEN APPENDECTOMY WITH PELVIC LAVAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and peri-appendiceal tissue

Anesthésie / Anesthesia: General anesthesia with mask induction

# Historique et constatations opératoires / History and operative findings:

A 10-year-old female with 2 days history of abdominal pain with distention. Failed conservative management for constipation. Imaging: CT scan revealing free fluid.

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

Patient in supine position. General anesthesia with local infiltration 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, moderate adhesions noted. Intraoperative examination revealed distended appendix. There was a contained abscess in the right lower quadrant. Mild adhesions between bowel loops observed. The surrounding tissues showed moderate reaction. Blunt dissection is used to free the appendix from surrounding structures. 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. Copious irrigation is undertaken to ensure removal of all inflammatory debris. The umbilical fascia is reapproximated with interrupted Polysorb 2-0 sutures. Skin incisions are closed with Dermabond.

Discharge home when tolerating oral intake and afebrile. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-ADUNQF-11446