

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Royal Victoria Hospital

Date: 2025-03-07 12:36

Anesthésiste / Anesthetist: Dr. Rachel Stein

Chirurgien / Surgeon: Dr. James Wilson

Assistant(s): Dr. resident John Paul

Diagnostic préopératoire / Pre-operative diagnosis:

**SUPPURATIVE APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**PHLEGMONOUS APPENDICITIS.**

Opération / Operation:

**LAPAROSCOPIC CONVERTED TO OPEN APPENDECTOMY.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with surrounding lymph nodes

Anesthésie / Anesthesia: Total intravenous anesthesia

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

A 7-year-old non-binary who presented with RLQ tenderness and guarding. Initially evaluated 3 days prior and diagnosed with viral syndrome. Now has elevated WBC, normal CRP, high fever. Imaging: ultrasound showing perforated appendicitis.

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

Patient in supine position. General anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. Direct trocar insertion after skin and fascia incision. 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, significant adhesions noted. The appendix was phlegmonous with localized inflammation. Multiple small abscesses were encountered. The omentum was wrapped around the inflamed appendix. Patient tolerated procedure well. We carefully dissect the inflammatory mass and identify the friable appendix. We dissect the mesentery of the appendix and use the electrocautery to coagulate the artery. The appendix is ligated at its base with two absorbable sutures and then amputated. Specimen placed in EndoCatch bag for removal. Saline is used for thorough irrigation of all quadrants. The umbilical fascia is reapproximated with interrupted Ethibond 2-0 sutures. Skin incisions are closed with subcuticular Vicryl 4-0.

IV fluids and pain management as per protocol. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-AHQA1Z-13517