PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Children's Hospital Date: 2025-08-30 01:41

Anesthésiste / Anesthetist: Dr. Camille Roy
Chirurgien / Surgeon: Dr. Ahmed Khan
Assistant(s): Dr. resident Marc Gagnon

Diagnostic préopératoire / Pre-operative diagnosis:
LOCALIZED PERITONITIS SECONDARY TO APPENDICITIS.
Diagnostic postopératoire / Post-operative diagnosis:
APPENDICITIS WITH PELVIC ABSCESS.

Opération / Operation:
APPENDECTOMY WITH INTRA-ABDOMINAL DRAINAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with attached omentum
Anesthésie / Anesthesia: General anesthesia with local infiltration

Historique et constatations opératoires / History and operative findings:

A 9-year-old male who presented with abdominal pain with palpable mass. Initially evaluated 1 days prior and diagnosed with mesenteric adenitis. Now has normal WBC, normal CRP, low-grade fever. Imaging: ultrasound suggestive of appendicitis. Past medical history is otherwise unremarkable. Recent travel history may be relevant.

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

Patient in supine position. General anesthesia with nitrous oxide administered. Time-out was performed and abdomen prepped in sterile fashion. We create a 1 cm infraumbilical incision and enter the abdomen using the Hasson technique. Single-incision laparoscopic port is used. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, diffuse adhesions noted. Operative findings included acutely inflamed appendix and intense inflammation. Abscess cavity found in RLQ and irrigated. Mild adhesions between bowel loops observed. No technical difficulties encountered during surgery. We proceed with careful dissection of the appendiceal attachments. The mesoappendix is dissected and the appendiceal artery is controlled with electrocautery. Base of appendix secured with purse-string suture prior to removal. Specimen placed in EndoCatch bag for removal. We lavage the abdomen extensively, paying particular attention to the pelvis and right gutter. We close the fascia at the umbilical port with figure-of-eight sutures of PDS 3-0 and the skin with non-absorbable Prolene 4-0.

Continue surgical care with antibiotic therapy and diet advancement as tolerated. The patient tolerated the procedure well with minimal blood loss.