

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Jewish General Hospital

Date: 2023-12-14 09:07

Anesthésiste / Anesthetist: Dr. Michael Brown

Chirurgien / Surgeon: Dr. Isabelle Girard

Assistant(s): Dr. resident Jake Turner

Diagnostic préopératoire / Pre-operative diagnosis:

**APPENDICITIS WITH ABSCESS.**

Diagnostic postopératoire / Post-operative diagnosis:

**APPENDICITIS WITH PERITONEAL CONTAMINATION.**

Opération / Operation:

**LAPAROSCOPIC APPENDECTOMY.**

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

Anesthésie / Anesthesia: General anesthesia with nitrous oxide

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

6-year-old male with one week abdominal pain, normal WBC, high CRP, high fever. Imaging: CT scan showing peri-appendiceal fluid. recent antibiotic use.

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

Patient in supine position. General anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. A small infraumbilical incision is made and the abdominal cavity is entered under direct vision. Three trocars in total are used for laparoscopic access. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. Operative findings included thick-walled appendix and severe inflammation. No abscess was identified. Severe adhesions required careful lysis. We carefully dissect the inflammatory mass and identify the friable appendix. The mesoappendix is dissected and the appendiceal artery is controlled with electrocautery. Endoscopic stapling is used for appendiceal division. Specimen placed in EndoCatch bag for removal. We irrigate the abdominal cavity copiously with warm saline until the effluent is clear. Fascial closure is performed at the umbilical site using Ethibond 2-0. The skin is closed with Dermabond.

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

Case ID: CASE-BPIGF1-10284