

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Pierre-Boucher

Date: 2025-03-10 05:40

Anesthésiste / Anesthetist: Dr. Amélie Moreau

Chirurgien / Surgeon: Dr. Sarah Johnson

Assistant(s): Dr. resident Sophia Lee

Diagnostic préopératoire / Pre-operative diagnosis:

**APPENDICITIS WITH ABSCESS.**

Diagnostic postopératoire / Post-operative diagnosis:

**APPENDICITIS WITH MESENTERIC LYMPHADENITIS.**

Opération / Operation:

**APPENDECTOMY WITH INTRA-ABDOMINAL DRAINAGE.**

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

Anesthésie / Anesthesia: General endotracheal anesthesia

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

A 4-year-old male with 2 days history of abdominal pain and constipation. Failed conservative management for pneumonia. Imaging: CT scan confirming appendicitis. Past medical history is otherwise unremarkable.

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

Patient in supine position. General endotracheal anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. A vertical infraumbilical incision is made and carried down to the fascia which is incised sharply. 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, extensive adhesions noted. Intraoperative examination revealed gangrenous appendix. A small localized abscess was found and drained. No abnormal adhesions found. The surrounding tissues showed fluctuating reaction. Incidental Meckel's diverticulum found and left in situ. The appendix is mobilized using a combination of sharp and blunt dissection. The mesoappendix is divided using a bipolar energy device. Absorbable ligatures are applied prior to amputation. Specimen placed in EndoCatch bag for removal. Abdominal lavage performed until clear. All port sites closed with interrupted silk 4-0.

Continue surgical care with antibiotic therapy and diet advancement as tolerated. No evidence of malignancy. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-4VATP3-10581