

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: St. Mary's Hospital

Date: 2025-06-01 23:20

Anesthésiste / Anesthetist: Dr. Camille Roy

Chirurgien / Surgeon: Dr. Victor Chen

Assistant(s): Dr. resident Marc Gagnon

Diagnostic préopératoire / Pre-operative diagnosis:

**APPENDICITIS MIMICKING OVARIAN PATHOLOGY.**

Diagnostic postopératoire / Post-operative diagnosis:

**PERFORATED APPENDICITIS.**

Opération / Operation:

**LAPAROSCOPIC CONVERTED TO OPEN APPENDECTOMY.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix

Anesthésie / Anesthesia: General anesthesia with mask induction

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

Patient (9 years, male) presented with abdominal pain with elevated WBC, markedly elevated WBC, elevated CRP. Imaging: ultrasound showing phlegmonous appendicitis. Past medical history is otherwise unremarkable.

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

Patient in supine position. General anesthesia 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. Additional 5 mm trocars are placed in the right and left lower quadrants under laparoscopic guidance. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, diffuse adhesions noted. The surgical field demonstrated perforated appendix with severe surrounding inflammation. Purulent fluid was noted throughout the abdominal cavity. The appendix was adhered to surrounding structures. No intraoperative complications occurred. The appendix is mobilized using a combination of sharp and blunt dissection. Mesenteric vessels to the appendix are secured prior to removal. Endoscopic stapling is used for appendiceal division. Specimen placed in EndoCatch bag for removal. We lavage the abdomen extensively, paying particular attention to the pelvis and right gutter. Fascial closure is performed at the umbilical site using Ethibond 2-0. The skin is closed with subcuticular Vicryl 4-0.

Patient to receive postoperative IV antibiotics with monitoring for return of bowel function. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-A6LBYC-12589