PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Montreal Children's Date: 2025-08-03 00:45

Anesthésiste / Anesthetist: Dr. Paul Anderson
Chirurgien / Surgeon: Dr. Paul Lambert
Assistant(s): Dr. resident Jake Turner

Diagnostic préopératoire / Pre-operative diagnosis:
SUPPURATIVE APPENDICITIS.
Diagnostic postopératoire / Post-operative diagnosis:
APPENDICITIS WITH PERITONEAL CONTAMINATION.

Opération / Operation:
APPENDECTOMY WITH INTRA-ABDOMINAL DRAINAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and abscess wall
Anesthésie / Anesthesia: General anesthesia with caudal block

Historique et constatations opératoires / History and operative findings:

Pediatric patient (1, male) presenting with acute onset abdominal pain with lethargy. History: no prior abdominal surgery. Imaging confirmed appendicitis. Past medical history is otherwise unremarkable.

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. 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, diffuse adhesions noted. The appendix was suppurative with mild inflammation. No pus or abscess formation found. Dense adhesions were encountered during dissection. Blunt dissection is used to free the appendix from surrounding structures. Mesenteric vessels to the appendix are secured prior to removal. We secure the appendiceal base with two Endoloops and transect between them. Specimen placed in EndoCatch bag for removal. We irrigate the abdominal cavity copiously with warm saline until the effluent is clear. Umbilical port site is closed with Maxon 2-0 and skin with interrupted silk 4-0. Minor bleeding controlled with cautery.

We will continue current antibiotic regimen and begin enteral feeds when bowel function returns. The patient tolerated the procedure well with minimal blood loss.