

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Ste-Agathe Hospital

Date: 2024-06-04 07:52

Anesthésiste / Anesthetist: Dr. Rachel Stein

Chirurgien / Surgeon: Dr. James Wilson

Assistant(s): Dr. resident John Paul

Diagnostic préopératoire / Pre-operative diagnosis:

**APPENDICITIS MIMICKING OVARIAN PATHOLOGY.**

Diagnostic postopératoire / Post-operative diagnosis:

**APPENDICITIS WITH PELVIC ABSCESS.**

Opération / Operation:

**APPENDECTOMY WITH REMOVAL OF APPENDICOLITH.**

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

Anesthésie / Anesthesia: General anesthesia with regional block

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

A 11-year-old non-binary who presented with abdominal pain with anorexia. Initially evaluated 3 days prior and diagnosed with urinary tract infection. Now has markedly elevated WBC, normal CRP, high fever. Imaging: ultrasound showing phlegmonous appendicitis.

## 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. Direct trocar insertion after skin and fascia incision. 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. Operative findings included ruptured appendix and minimal inflammation. A large pelvic abscess was present and evacuated. Mild adhesions between bowel loops observed. We carefully dissect the inflammatory mass and identify the friable appendix. The appendiceal mesentery is carefully taken down with harmonic scalpel. The base of the appendix is healthy and we place three EndoLoops - two proximal and one distal - before transecting the appendix. Specimen placed in EndoCatch bag for removal. Saline is used for thorough irrigation of all quadrants. We close the fascia with Ethibond 2-0 in a interrupted fashion. Skin is approximated with subcuticular Monocryl 4-0. No mesenteric ischemia.

Patient will remain on IV antibiotics with gradual diet advancement as per surgery protocol. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-FAKGRN-11659