

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Charles-LeMoyne

Date: 2025-10-01 08:17

Anesthésiste / Anesthetist: Dr. David Smith

Chirurgien / Surgeon: Dr. Martin Levesque

Assistant(s): Dr. resident Jake Turner

Diagnostic préopératoire / Pre-operative diagnosis:

**LOCALIZED PERITONITIS SECONDARY TO APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**APPENDICITIS WITH PELVIC ABSCESS.**

Opération / Operation:

**LAPAROSCOPIC APPENDECTOMY WITH IRRIGATION AND DRAINAGE.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix

Anesthésie / Anesthesia: General anesthesia with caudal block

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

Pediatric patient (9, non-binary) presenting with acute onset abdominal pain and constipation. History: family history of appendicitis. Imaging confirmed appendicitis.

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

Patient in supine position. General anesthesia with regional block administered. Time-out was performed and abdomen prepped in sterile fashion. Incision is made in left lower quadrant for open conversion. Two working ports are established in the right and left lower quadrants. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, diffuse adhesions noted. Intraoperative examination revealed sclerotic appendix. There was a contained abscess in the right lower quadrant. The omentum was wrapped around the inflamed appendix. The surrounding tissues showed persistent reaction. We carefully dissect the inflammatory mass and identify the sclerotic appendix. 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. We close the fascia with Vicryl 2-0 in an interrupted fashion. Skin is approximated with non-absorbable Prolene 4-0.

Early ambulation and supportive care recommended. Patient tolerated procedure well. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-AOLDSK-12841