

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: MCH

Date: 2024-04-11 22:50

Anesthésiste / Anesthetist: Dr. Lisa Garcia

Chirurgien / Surgeon: Dr. Daniel Fortin

Assistant(s): Dr. resident Carlos Mendez

Diagnostic préopératoire / Pre-operative diagnosis:

**APPENDICITIS WITH INTUSSUSCEPTION.**

Diagnostic postopératoire / Post-operative diagnosis:

**APPENDICITIS WITH MESENTERIC LYMPHADENITIS.**

Opération / Operation:

**LAPAROSCOPIC APPENDECTOMY.**

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

Anesthésie / Anesthesia: General anesthesia

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

Patient (2 years, male) presented with RLQ tenderness and guarding, elevated WBC, elevated CRP. Imaging: CT scan showing peri-appendiceal fluid. 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. Transverse infraumbilical incision is performed and access gained via blunt dissection. 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. Appendix appeared sclerotic, surrounded by mild inflammatory reaction. A small localized abscess was found and drained. Minimal adhesions were noted. Meticulous dissection performed due to distorted anatomy. Mesenteric vessels to the appendix are secured prior to removal. We apply an endoscopic stapler to the base of the appendix and divide it. Specimen placed in EndoCatch bag for removal. Abdominal lavage performed until clear. Fascial closure is performed at the umbilical site using Vicryl 2-0. The skin is closed with interrupted silk 4-0.

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

Case ID: CASE-8IDD86-14014