

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Jewish General Hospital

Date: 2025-07-30 16:05

Anesthésiste / Anesthetist: Dr. John Evans

Chirurgien / Surgeon: Dr. Elena Rodriguez

Assistant(s): Dr. resident Maya Singh

Diagnostic préopératoire / Pre-operative diagnosis:

APPENDICITIS WITH BOWEL OBSTRUCTION.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH BOWEL OBSTRUCTION.

Opération / Operation:

APPENDECTOMY WITH LYSIS OF ADHESIONS.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and inflamed tissue

Anesthésie / Anesthesia: General endotracheal anesthesia

Historique et constatations opératoires / History and operative findings:

A 1-year-old non-binary who presented with abdominal pain with anorexia. Initially evaluated 4 days prior and diagnosed with gastroesophageal reflux. Now has markedly elevated WBC, elevated CRP, no fever. Imaging: CT scan confirming 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. 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, significant adhesions noted. Appendix was gangrenous and surrounded by Abscess cavity found in RLQ and irrigated. and Mild adhesions between bowel loops observed. Patient tolerated procedure well. Blunt dissection is used to free the appendix from surrounding structures. The mesoappendix is divided using a bipolar energy device. Base of appendix secured with purse-string suture prior to removal. Specimen placed in EndoCatch bag for removal. Irrigation performed with antibiotic solution. We close the fascia at the umbilical port with figure-of-eight sutures of Polysorb 2-0 and the skin with subcuticular Vicryl 4-0. Ovaries and uterus normal in female patients.

IV fluids and pain management as per protocol. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-8ZFEM5-12508