

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital de Verdun

Date: 2025-10-12 08:00

Anesthésiste / Anesthetist: Dr. Lisa Garcia

Chirurgien / Surgeon: Dr. James Wilson

Assistant(s): Dr. resident Emily Clark

Diagnostic préopératoire / Pre-operative diagnosis:

**APPENDICITIS WITH INTUSSUSCEPTION.**

Diagnostic postopératoire / Post-operative diagnosis:

**SUPPURATIVE APPENDICITIS.**

Opération / Operation:

**APPENDECTOMY WITH INTRA-ABDOMINAL DRAINAGE.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendicolith

Anesthésie / Anesthesia: General anesthesia and epidural block

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

14-year-old non-binary with 1 day abdominal pain, normal WBC, high CRP, low-grade fever. Imaging: ultrasound suggestive of appendicitis. no prior abdominal surgery. Past medical history is otherwise unremarkable. Recent travel history may be relevant.

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

Patient in supine position. General anesthesia with mask induction administered. Time-out was performed and abdomen prepped in sterile fashion. We make an infraumbilical incision of 1 cm, dissect the subcutaneous tissue bluntly and penetrate the abdominal cavity via an open technique. Two working ports are established in the right and left lower quadrants. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, significant adhesions noted. Intraoperative examination revealed perforated appendix. No abscess was identified. The appendix was adhered to surrounding structures. The surrounding tissues showed persistent reaction. No need for drains postoperatively. Blunt dissection is used to free the appendix from surrounding structures. The mesoappendix is divided using a bipolar energy device. 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.

The patient will be continued on IV antibiotics and advanced to diet as tolerated. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-Q9ZNR8-13181