

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Pierre-Boucher

Date: 2023-10-30 19:35

Anesthésiste / Anesthetist: Dr. Claire Dubois

Chirurgien / Surgeon: Dr. Ahmed Khan

Assistant(s): Dr. resident Leo Morel

Diagnostic préopératoire / Pre-operative diagnosis:

**APPENDICITIS WITH FREE FLUID.**

Diagnostic postopératoire / Post-operative diagnosis:

**PERFORATED APPENDICITIS.**

Opération / Operation:

**LAPAROSCOPIC APPENDECTOMY WITH DRAINAGE OF ABSCESS.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and peri-appendiceal tissue

Anesthésie / Anesthesia: General anesthesia with mask induction

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

9-year-old female with 2 days abdominal pain, markedly elevated WBC, elevated CRP, low-grade fever. Imaging: ultrasound showing perforated appendicitis. previous similar episode. Past medical history is otherwise unremarkable.

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

Patient in supine position. General anesthesia with local infiltration 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. Intraoperative examination revealed distended appendix. No abscess, but turbid fluid present. Mild adhesions between bowel loops observed. The surrounding tissues showed patchy reaction. No bowel injury noted. Appendix is isolated after adhesiolysis. We dissect the mesentery of the appendix and use the electrocautery to coagulate the artery. Base of appendix secured with purse-string suture prior to removal. Specimen placed in EndoCatch bag for removal. Thorough irrigation of the abdominal cavity is performed, removing all purulent material. The umbilical fascia is reapproximated with interrupted Vicryl 3-0 sutures. Skin incisions are closed with non-absorbable Prolene 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-OQKDFJ-14116