

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital Notre-Dame

Date: 2025-05-09 08:40

Anesthésiste / Anesthetist: Dr. Camille Roy

Chirurgien / Surgeon: Dr. Sarah Johnson

Assistant(s): Dr. resident Maya Singh

Diagnostic préopératoire / Pre-operative diagnosis:

**LOCALIZED PERITONITIS SECONDARY TO APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**APPENDICITIS WITH EXTENSIVE ADHESIONS.**

Opération / Operation:

**APPENDECTOMY WITH INTRA-ABDOMINAL DRAINAGE.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendicolith

Anesthésie / Anesthesia: Total intravenous anesthesia

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

3-year-old non-binary with 3 days abdominal pain. Treated for ovarian cyst; symptoms persisted. Imaging: ultrasound with non-visualized appendix and secondary signs.

## 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 make an infraumbilical incision of 1 cm, dissect the subcutaneous tissue bluntly and penetrate the abdominal cavity via an open 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, moderate adhesions noted. Findings include gangrenous appendix with localized inflammatory changes. Purulent fluid was noted throughout the abdominal cavity. Fibrinous adhesions were lysed during the procedure. No technical difficulties encountered during surgery. We carefully dissect the inflammatory mass and identify the necrotic appendix. 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. Abdominal lavage performed until clear. Fascial closure is performed at the umbilical site using Vicryl 3-0. The skin is closed with interrupted nylon 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-QZK04J-10972