

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Royal Victoria Hospital

Date: 2024-02-04 13:35

Anesthésiste / Anesthetist: Dr. Lisa Garcia

Chirurgien / Surgeon: Dr. Marie-Claire Dubois

Assistant(s): Dr. resident Jake Turner

Diagnostic préopératoire / Pre-operative diagnosis:

**PHLEGMONOUS APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**APPENDICITIS WITH LOCALIZED PERITONITIS.**

Opération / Operation:

**LAPAROSCOPIC CONVERTED TO OPEN APPENDECTOMY.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with surrounding lymph nodes

Anesthésie / Anesthesia: General anesthesia

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

3-year-old female with 3 days abdominal pain. Treated for Crohn's disease; symptoms persisted. Imaging: ultrasound showing appendicitis. Past medical history is otherwise unremarkable.

## 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. A vertical infraumbilical incision is made and carried down to the fascia which is incised sharply. 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 No abscess, but turbid fluid present. and Mild adhesions between bowel loops observed. No evidence of peritoneal carcinomatosis. We proceed with careful dissection of the appendiceal attachments. 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. We irrigate the abdominal cavity copiously with warm saline until the effluent is clear. All port sites closed with Steri-Strips.

Discharge home when tolerating oral intake and afebrile. No bowel injury noted. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-1KO14M-13533