

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Hopital de Verdun

Date: 2025-03-31 22:46

Anesthésiste / Anesthetist: Dr. John Evans

Chirurgien / Surgeon: Dr. Ahmed Khan

Assistant(s): Dr. resident Ethan Wright

Diagnostic préopératoire / Pre-operative diagnosis:

**APPENDICITIS MIMICKING OVARIAN PATHOLOGY.**

Diagnostic postopératoire / Post-operative diagnosis:

**PERFORATED APPENDICITIS.**

Opération / Operation:

**APPENDECTOMY WITH LYSIS OF ADHESIONS.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendicolith

Anesthésie / Anesthesia: General anesthesia with nitrous oxide

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

A 8-year-old non-binary who presented with abdominal pain with diarrhea. Initially evaluated 2 days prior and diagnosed with ovarian cyst. Now has elevated WBC, high CRP, no fever. Imaging: ultrasound with non-visualized appendix and secondary signs.

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

Patient in supine position. Total intravenous anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. Direct trocar insertion after skin and fascia incision. Three trocars in total are used for laparoscopic access. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. Operative findings included acutely inflamed appendix and diffuse inflammation. A large pelvic abscess was present and evacuated. The appendix was adhered to surrounding structures. Incidental Meckel's diverticulum found and left in situ. Blunt dissection is used to free the appendix from surrounding structures. Appendiceal vessels controlled with clips. The base of the appendix is healthy and we place three EndoLoops - two proximal and one distal - before transecting the appendix. Specimen placed in EndoCatch bag for removal. Saline is used for thorough irrigation of all quadrants. All port sites closed with subcuticular Vicryl 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-PRI2JQ-14196