

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: MCH

Date: 2024-04-21 00:50

Anesthésiste / Anesthetist: Dr. Michael Brown

Chirurgien / Surgeon: Dr. Olivia Davis

Assistant(s): Dr. resident Anna Kim

Diagnostic préopératoire / Pre-operative diagnosis:

**COMPLICATED APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**COMPLICATED APPENDICITIS.**

Opération / Operation:

**LAPAROSCOPIC APPENDECTOMY.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix

Anesthésie / Anesthesia: General anesthesia and epidural block

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

A 15-year-old female with 2 days history of abdominal pain and constipation. Failed conservative management for constipation. Imaging: MRI demonstrating RLQ inflammation.

## 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. Direct trocar insertion after skin and fascia incision. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, diffuse adhesions noted. Intraoperative examination revealed acutely inflamed appendix. Abscess cavity found in RLQ and irrigated. Mild adhesions between bowel loops observed. The surrounding tissues showed diffuse reaction. We carefully dissect the inflammatory mass and identify the distended appendix. The mesoappendix is dissected and the appendiceal artery is controlled with electrocautery. The appendix is ligated at its base with two absorbable sutures and then amputated. Specimen placed in EndoCatch bag for removal. Abdominal lavage performed until clear. The umbilical fascia is reapproximated with interrupted Vicryl 3-0 sutures. Skin incisions are closed with Steri-Strips.

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-35WZ3Q-11411