## PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: MCH Date: 2024-07-09 21:33

Anesthésiste / Anesthetist: Dr. Julia Miller Chirurgien / Surgeon: Dr. Victor Chen Assistant(s): Dr. resident Sophia Lee

Diagnostic préopératoire / Pre-operative diagnosis:

## APPENDICITIS WITH INTUSSUSCEPTION.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS WITH EXTENSIVE ADHESIONS.

Opération / Operation:

### LAPAROSCOPIC APPENDECTOMY WITH DRAINAGE OF ABSCESS.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with attached omentum

Anesthésie / Anesthesia: General anesthesia with local infiltration

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

A 6-year-old male who presented with RLQ tenderness and guarding. Initially evaluated 2 days prior and diagnosed with intussusception. Now has elevated WBC, elevated CRP, no fever. Imaging: MRI showing bowel wall thickening.

# 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. Appendix appeared sclerotic, surrounded by marked inflammatory reaction. A small localized abscess was found and drained. Dense adhesions were encountered during dissection. The appendix is mobilized using a combination of sharp and blunt dissection. The appendiceal artery is ligated and divided. We secure the appendiceal base with two Endoloops and transect between them. Specimen placed in EndoCatch bag for removal. Copious irrigation is undertaken to ensure removal of all inflammatory debris. The umbilical fascia is reapproximated with interrupted PDS 2-0 sutures. Skin incisions are closed with interrupted nylon 4-0.

Monitor for signs of infection; advance diet as tolerated. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-IHM2RU-12752