

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Jewish General Hospital

Date: 2024-11-27 01:26

Anesthésiste / Anesthetist: Dr. John Evans

Chirurgien / Surgeon: Dr. Olivia Davis

Assistant(s): Dr. resident Fatima Sheikh

Diagnostic préopératoire / Pre-operative diagnosis:

**COMPLICATED APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**PERFORATED APPENDICITIS WITH ABSCESS.**

Opération / Operation:

**LAPAROSCOPIC APPENDECTOMY.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and abscess wall

Anesthésie / Anesthesia: General anesthesia with local infiltration

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

8-year-old female with one week abdominal pain, markedly elevated WBC, high CRP, high fever. Imaging: MRI showing bowel wall thickening. no prior abdominal surgery. Past medical history is otherwise unremarkable.

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

Patient in supine position. General anesthesia with nitrous oxide administered. Time-out was performed and abdomen prepped in sterile fashion. We create a 1 cm infraumbilical incision and enter the abdomen using the Hasson 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, extensive adhesions noted. Intraoperative examination revealed acutely inflamed appendix. Purulent fluid was noted throughout the abdominal cavity. Multiple bowel loops adherent to the mass. The surrounding tissues showed patchy reaction. The appendix is mobilized using a combination of sharp and blunt dissection. The mesoappendix is divided using a bipolar energy device. 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. We lavage the abdomen extensively, paying particular attention to the pelvis and right gutter. All port sites closed with interrupted silk 4-0.

Early ambulation and supportive care recommended. Ovaries and uterus normal in female patients. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-TBYSI4-10211