

PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Shriners Hospitals for Children

Date: 2025-08-09 15:50

Anesthésiste / Anesthetist: Dr. Lisa Garcia

Chirurgien / Surgeon: Dr. Olivia Davis

Assistant(s): Dr. resident Emily Clark

Diagnostic préopératoire / Pre-operative diagnosis:

APPENDICITIS MIMICKING OVARIAN PATHOLOGY.

Diagnostic postopératoire / Post-operative diagnosis:

APPENDICITIS MIMICKING OVARIAN PATHOLOGY.

Opération / Operation:

APPENDECTOMY WITH REMOVAL OF APPENDICOLITH.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and peri-appendiceal tissue

Anesthésie / Anesthesia: General anesthesia

Historique et constatations opératoires / History and operative findings:

Patient (13 years, female) presented with persistent vomiting and abdominal pain, elevated WBC, high CRP. Imaging: ultrasound showing appendicitis.

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

Patient in supine position. General anesthesia with caudal block administered. Time-out was performed and abdomen prepped in sterile fashion. A small infraumbilical incision is made and the abdominal cavity is entered under direct vision. Single-incision laparoscopic port is used. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. The appendix was hyperemic with fluctuating inflammation. No pus or abscess formation found. Severe adhesions required careful lysis. No evidence of malignancy. Meticulous dissection performed due to distorted anatomy. 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. Abdominal lavage performed until clear. All port sites closed with non-absorbable Prolene 4-0.

IV fluids and pain management as per protocol. Incidental Meckel's diverticulum found and left in situ. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-FX8ILX-13979