

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: St. Mary's Hospital

Date: 2024-05-21 02:43

Anesthésiste / Anesthetist: Dr. Omar Fahmy

Chirurgien / Surgeon: Dr. Paul Lambert

Assistant(s): Dr. resident Emily Clark

Diagnostic préopératoire / Pre-operative diagnosis:

**COMPLICATED APPENDICITIS.**

Diagnostic postopératoire / Post-operative diagnosis:

**PERFORATED APPENDICITIS.**

Opération / Operation:

**LAPAROSCOPIC CONVERTED TO OPEN APPENDECTOMY.**

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix with surrounding lymph nodes

Anesthésie / Anesthesia: General anesthesia with caudal block

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

A 14-year-old non-binary with one week history of abdominal pain with lethargy. Failed conservative management for IBD. Imaging: ultrasound showing appendicitis.

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

Patient in supine position. General anesthesia administered. Time-out was performed and abdomen prepped in sterile fashion. A vertical infraumbilical incision is made and carried down to the fascia which is incised sharply. Supplementary ports are placed in the suprapubic area and left iliac fossa. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, extensive adhesions noted. Operative findings included hyperemic appendix and severe inflammation. No abscess was identified. Fibrinous adhesions were lysed during the procedure. Appendix is isolated after adhesiolysis. The mesoappendix is dissected and the appendiceal artery is controlled with electrocautery. 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. Thorough irrigation of the abdominal cavity is performed, removing all purulent material. The umbilical fascia is reapproximated with interrupted PDS 2-0 sutures. Skin incisions are closed with subcuticular Vicryl 4-0.

Postoperative imaging if fever persists. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-QYUKJH-13933