

# PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: CHU de Québec

Date: 2024-11-14 07:39

Anesthésiste / Anesthetist: Dr. Lisa Garcia

Chirurgien / Surgeon: Dr. James Wilson

Assistant(s): Dr. resident John Paul

Diagnostic préopératoire / Pre-operative diagnosis:

**APPENDICITIS WITH BOWEL OBSTRUCTION.**

Diagnostic postopératoire / Post-operative diagnosis:

**APPENDICITIS WITH BOWEL OBSTRUCTION.**

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:

Patient (13 years, male) presented with abdominal pain with rebound tenderness, normal WBC, normal CRP. Imaging: CT scan showing peri-appendiceal fluid.

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

Patient in supine position. General anesthesia and epidural block administered. Time-out was performed and abdomen prepped in sterile fashion. Direct trocar insertion after skin and fascia incision. Accessory port placed in epigastric region. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, diffuse adhesions noted. The appendix was necrotic with persistent inflammation. A large pelvic abscess was present and evacuated. The appendix was adhered to surrounding structures. No evidence of peritoneal carcinomatosis. We carefully dissect the inflammatory mass and identify the necrotic appendix. The appendiceal mesentery is carefully taken down with harmonic scalpel. We apply an endoscopic stapler to the base of the appendix and divide it. 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.

Patient will remain on IV antibiotics with gradual diet advancement as per surgery protocol. Small serosal tear repaired intraoperatively. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-N2VXM3-11535