## PROTOCOLE OPERATOIRE / OPERATIVE REPORT

Site: Jewish General Hospital Date: 2025-01-20 10:23

Anesthésiste / Anesthetist: Dr. Paul Anderson Chirurgien / Surgeon: Dr. Robert Tremblay Assistant(s): Dr. resident Jake Turner

Diagnostic préopératoire / Pre-operative diagnosis:

## APPENDICITIS WITH SEPSIS.

Diagnostic postopératoire / Post-operative diagnosis:

SUPPURATIVE APPENDICITIS.

Opération / Operation:

#### LAPAROSCOPIC APPENDECTOMY WITH IRRIGATION AND DRAINAGE.

Tissu envoyé en pathologie / Tissue sent to pathology: Appendix and inflamed tissue

Anesthésie / Anesthesia: General anesthesia with nitrous oxide

# Historique et constatations opératoires / History and operative findings:

A 3-year-old female with one week history of abdominal pain with elevated WBC. Failed conservative management for viral syndrome. Imaging: ultrasound showing perforated appendicitis.

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

Patient in supine position. General anesthesia with local infiltration 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. Three trocars in total are used for laparoscopic access. No iatrogenic injuries occurred during trocar placement. Upon entering the abdominal cavity, moderate adhesions noted. Findings include shrunken appendix with minimal inflammatory changes. A small localized abscess was found and drained. Minimal adhesions were noted. Small serosal tear repaired intraoperatively. Appendix is isolated after adhesiolysis. Appendiceal vessels controlled with clips. Absorbable ligatures are applied prior to amputation. Specimen placed in EndoCatch bag for removal. We lavage the abdomen extensively, paying particular attention to the pelvis and right gutter. We close the fascia with PDS 2-0 in a interrupted fashion. Skin is approximated with subcuticular Monocryl 4-0.

Repeat CBC and CRP postoperatively. The patient tolerated the procedure well with minimal blood loss.

Case ID: CASE-EK2IYF-12782