

INDICATIONS: @NAME@ is a @AGE@ old @SEX@ who presented with signs and symptoms consistent with acute appendicitis. An \*\*\* US OR CT scan was consistent with appendicitis. After the risks and benefits of the operation were described to the family in detail, they elected to undergo laparoscopic appendectomy today.

**FINDINGS:**

Visible hole in appendix? {YES/NO:21037}

Fecalith in peritoneal cavity outside of the appendix? {YES/NO:21037}

If so, was it removed \*\*\*

Abscess? {YES/NO:21037}

If so, where? \*\*\*

Fibrinopurulent exudate in peritoneal cavity {YES/NO:21037}

If so, where? Select all that apply {Anatomy; location abd/LLQ/LUQ/RLQ/RUQ:19148}

The appendix was:

ANESTHESIA: General endotracheal anesthesia.

PROCEDURAL DETAILS: The patient was correctly identified in the preoperative area. I discussed the operation with the family and answered all of their questions. The patient was subsequently brought back to the operating room and placed on the OR table in supine position. Anesthesia was induced, and the patient was successfully intubated and maintained with general anesthesia throughout the operation. The abdomen was prepped and draped in the usual sterile fashion with ChloroPrep. \*\*\* Ceftriaxone and metronidazole OR Piperacillin/tazobactam were given for peri-operative infection prophylaxis within 60 minutes of incision OR @HE@ did not receive any antibiotics in the OR as @HE@ was already on antibiotics and they were on schedule. We also performed a procedural time-out before starting the operation, which again, correctly identified the patient and procedure to be performed.

We started by infiltrating 0.25% bupivacaine in the periumbilical space. We made a \*\*\* vertical incision through the middle of the umbilicus into the subcutaneous tissue OR transverse infra-umbilical incision with an 11 blade scalpel. We inserted a Veress needle over its sheath through the wound into the abdomen. We insufflated with carbon dioxide and had a low opening pressure (5). We subsequently fully insufflated the abdomen. Once the abdomen was fully insufflated we stepped up to the 12 mm trocar. We inserted 2 more 5 mm trocars in the suprapubic region as well as the left lower quadrant. Both were inserted by first infiltrating the preperitoneal space as well as the subcutaneous space with 0.25% bupivacaine. We made a 5 mm incision with an 11 blade scalpel in the skin. We then bluntly inserted the 5 mm trocar under direct visualization. We then placed the patient in Trendelenburg with right side up. We were able to identify the cecum there. The appendix was \*\*\*. We used Bovie electrocautery with the L hook in order to divide the mesoappendix in a distal to proximal fashion. This then allowed us to visualize the base of the appendix where it connected to the cecum. Once the appendix was freely mobilized, \*\*\* we divided the base flush with the cecum with an Endo-GIA stapler with a \*\*\* mm load OR we ligated the base with 0 PDS endoloop suture x 3 and divided with scissors between the distal two sutures. We \*\*\* removed the appendix via the umbilical trocar OR placed the appendix in an endocatch bag and extracted it through the umbilical trocar. We reinserted that trocar and took one last look around the abdomen. The stump was flush with the cecum and hemostatic. We looked into the pelvis and suctioned scant cloudy fluid. We also suction scant serosanguineous fluid out of the right lower quadrant and over the liver. We subsequently removed the umbilical trocar and closed the fascia there with 2-0 Vicryl suture on a UR6 needle in a simple interrupted fashion x 3. We then desufflated the abdomen, removing the 5 mm trocars. Each was closed with a single

interrupted buried subcuticular suture with 4-0 Monocryl. The umbilical wound was closed with interrupted simple 5-0 fast sutures. Dermabond was applied to the 5 mm trocar sites. The umbilical wound was dressed with a 2x2 dressing and a Tegaderm. This then concluded the operation. We performed a surgical sign out toward the end of the procedure. The patient was then woken, transferred back to the stretcher and taken to the PACU for further care.

ATTESTATION: Please note, I was present and scrubbed for the entire operation \*\*\* including skin closure OR with the exception of skin closure for which I was immediately available in the room.

DRAINS: None.

COUNTS: Correct at the end of the case x2.

COMPLICATIONS: None.

CONDITION: Good.

DISPOSITION: To the PACU for further recovery.