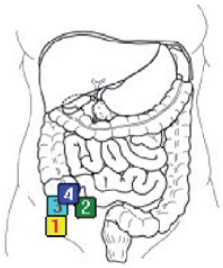
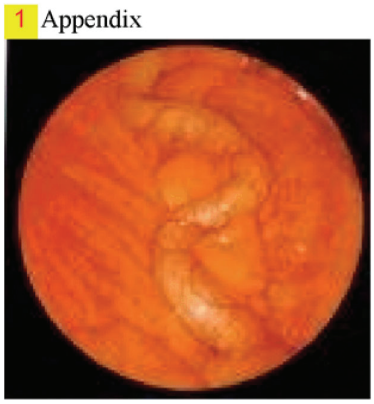
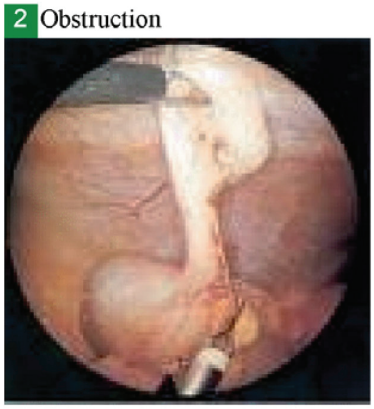
Procedure Report — Appendectomy

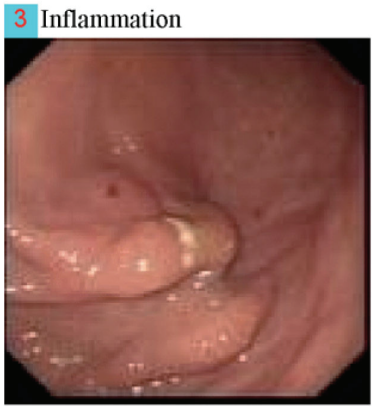
EndoSoft Surgery Center
135 Broadway
Schenectady, NY 12144

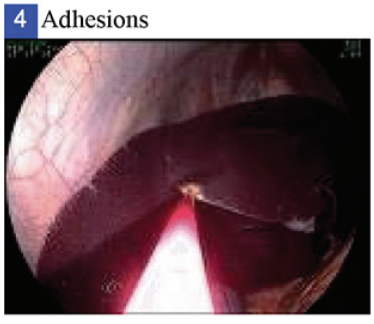
Patient Name:	Mary Smith
Date of Birth:	09/15/1975
Record Number:	0159876
Date / Time of Procedure:	2/21/2024, 07:56:49
Anesthesiologist:	George Blue, MD
Referring Physician:	Frank Black, MD
Surgeon:	Debbie Doe, MD











PROCEDURE PERFORMED:

Appendectomy - laproscopic appendectomy

INDICATIONS FOR EXAM:

Acute abdominal pain with guarding in the right lower quadrant for 2 days

PROCEDURE TECHNIQUE:

Risks and benefits were clearly explained to the patient and the consent form was signed. The patient was brought in the operation room in the supine position. General anesthesia was administered with satisfaction. After the routine prep and drape on the abdomen, a low skin crease incision (Lanz) centered on the McBurney's point was taken as favor of a better cosmetic result. The superficial fascia was then incised and the three musculo-aponeurotic layers of the abdominal wall were split along the line of the fibers. The peritoneum was then lifted and opened and revealed pus/mucopurulent watery fluid; a swab of this is taken for microscopy and culture. The appendix was perforated and located digitally and delivered into the wound. Then, its blood supply in the meso-appendix was divided between clips and ligated. The appendix base was crushed with a haemostat distally, an absorbable ligature was then tied around the crushed area. After this preparation, the appendix was then excised. A "purse-string" suture is usually placed in the cecum near the appendix base, the appendix was inverted and the sutured tied.

As the appendix was perforated and gangrenous and pus was found, a thorough peritoneal toilet was performed. A sump sucker was guided down into the pelvis with a finger to remove any fluid, and the area was gently swabbed with gauze to remove any adherent infected material, then 500 ml normal saline was applied for a thorough lavage. The peritonium, internal oblique and external oblique were each closed with three absorbable sutures. Drainage was not administered as there was no thick-walled abscess cavity.

The patient tolerated the procedure well and was sent to the recovery room safely.

FINDINGS:

2cm friable, inflamed mucosa in the appendix. Active bleeding noted, Biopsy obtained. Results pending.

POST SURGERY DIAGNOSIS:

Acute appendicitis

RECOMMENDATIONS:

As per discharge instructions. Cipro 500 mg x10 days. Clear liquid diet.

Signature: _____ Debbie Doe, MD

ICD 10 Codes:

K35.3 Acute appendicitis with localized peritonitis

CPT Code:

44970 Laparoscopy, surgical, appendectomy