

PREOPERATIVE DIAGNOSIS: , Acute
appendicitis.,POSTOPERATIVE DIAGNOSIS: , Acute
appendicitis.,OPERATIVE PROCEDURE:, Laparoscopic
appendectomy.,INTRAOPERATIVE FINDINGS: , Include
inflamed, non-perforated appendix.,OPERATIVE NOTE: ,The
patient was seen by me in the preoperative holding area. The
risks of the procedure were explained. She was taken to the
operating room and given perioperative antibiotics prior to
coming to the surgery. General anesthesia was carried out
without difficulty and a Foley catheter was inserted. The left
arm was tucked and the abdomen was prepped with Betadine
and draped in sterile fashion. A 5-mm blunt port was inserted
infra-umbilically at the level of the umbilicus under direct
vision of a 5-mm 0-degree laparoscope. Once we were inside
the abdominal cavity, CO2 was instilled to attain an adequate
pneumoperitoneum. A left lower quadrant 5-mm port was
placed under direct vision and a 12-mm port in the suprapubic
region. The 5-mm scope was introduced at the umbilical port
and the appendix was easily visualized. The base of the
cecum was acutely inflamed but not perforated. I then was
easily able to grasp the mesoappendix and create a window
between the base of the mesoappendix and the base of the
appendix. The window is big enough to get an Endo GIA blue
cartridge through it and fired across the base of the
mesoappendix without difficulty. I reloaded with a red vascular
cartridge, came across the mesoappendix without difficulty. I
then placed the appendix in an Endobag and brought out
through the suprapubic port without difficulty. I reinserted the

suprapubic port and irrigated out the right lower quadrant until dry. One final inspection revealed no bleeding from the staple line. We then removed all ports under direct vision, and there was no bleeding from the abdominal trocar sites. The pneumoperitoneum was then deflated and the suprapubic fascial defect was closed with 0-Vicryl suture. The skin incision was injected with 0.25% Marcaine and closed with 4-0 Monocryl suture. Steri-strips and sterile dressings were applied. No complications. Minimal blood loss. Specimen is the appendix. Brought to the recovery room in stable condition.