Laparoscopic Appendectomy +/- Open

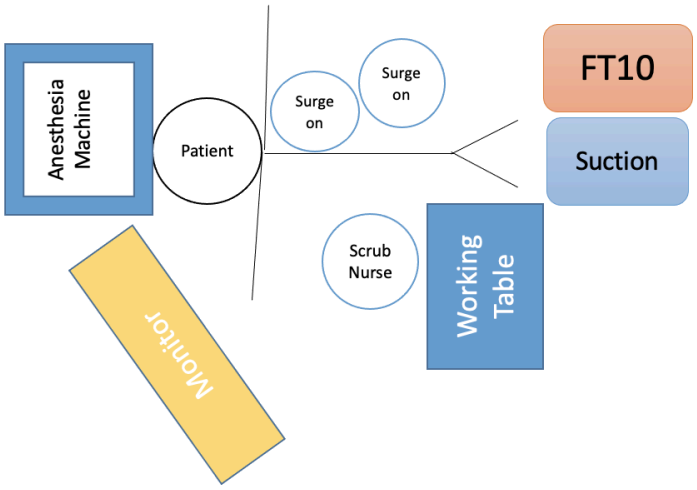
1. Patient Preparation	- Supine - GA
2. Position	- Main surgeon: patient's left side - Assistant surgeon: patient's left side - Scrub nurse: patient's right side
3. Equipment	- FT-10 - Suction - Stryker smoke evacuator (PneumoClear) - TV system (for non endo theatre) - +/- Niagara pump
4. Instrument	- S002 - S103a - S104b - Telescope 10mm/30^{o} - Fibre optic cable (FOB) - Thermo flask - 10mm metal clip applier size ML - Fine atraumatic forceps - U001 - U002
5. Consumable	- Blade #15 or blade #11 for HBP team surgeon - needle counter - Hand control diathermy - Stryker smoke insufflating tubing - Antifog - Paraffin oil - Lap instrument pouch - Camera cover if not using endoeye - 10 mm metal clip - Endo scissors - Endoloop x 3 or PDS loop

	- Endo bag - +/- ligasure
6. Irrigation / Drugs	- +/- N.S.
7. Suture	- PDS J needle or maxon 1

	- 0 silk cutting W552 - 3/0 ethilon W1625T
8. Dressing	- Cosmopore
9. Remark	- Foley insertion - Monitor put on the patient's right hand side, OT bed head end. - antibiotic

Lower GI Position

Laparoscopy append



Remarks:
GA
Foley insertion

Patient supine, 伸雙手
床頭右面 tv monitor

不用飛線

Scrub 跟病人右手面企

Procedure Sample:

Supine, GA
infraumbilical port made under open technique
CO2 pneumoperitoneum
10 mm LLQ and 5 mm RLQ ports made under direct vision

findings: inflamed dilated appendix adherent to lateral abdominal wall and SB mesentery clean peritoneal cavity.

updated 29/4/2025

appendix freed from adhesions.
mesoappendix divided by ligasure
appendix divided between PDS loops (2 on patient side), then retrieved in endobag
suction till dry, hemostasis ascertained
infraumbilical and LLQ port fascia closed with PDS J needle
skin closed with 3/O nylon
dressing

Remarks:
appendix x routine section (formalin fixed)