

Appendicectomy - Laparoscopic or Open

I. Consent

- General risks (anaesthetic, infection, bleeding)
- Open conversion (for laparoscopic)
- Unexpected findings/pathology
- Alternative management options ie plan if appendix is normal
- Checks understanding

II. Pre operation planning

- Appropriate degree of investigation
- Paperwork/organisation for theatre arranged correctly
- Understands correct timing/prioritisation of the case
- Aware of clinical indications
- Aware of significant co-morbidities - obesity, renal disease etc
- Knows relevant results
- Has reviewed relevant imaging

III. Pre operative preparation

- In/out urinary catheter if felt necessary
- WHO Safety check and team time out
- Consideration of DVT prophylaxis and antibiotic prophylaxis
- Ensures specialised equipment available as required
- Patient is positioned appropriately
- Prepares and drapes appropriately

IV. Exposure and closure

- Safe access technique
- Good table positioning for exposure
- Good specific port closure technique/wound closure

V. Intra operative technique: global (G) and task-specific items (T)

- Safe secondary port placement under vision (G)
- Appropriate graspers used in a safe manner (G)
- Utilises appropriate techniques to expose and grasp appendix (T)
- Completes diagnostic laparoscopy including pelvic organs and small intestine
- Mesoappendix dealt with in safe way with minimal bleeding (T)
- Application of endoloops appropriate and safe (T)
- Appropriate decision on appendix retrieval strategy (T)
- Deals with unexpected findings appropriately (G)
- Can deal with bleeding calmly and with purpose (G)

VI. Post operative management

- Uses postoperative antibiotics only when required
- Good communication with patient (and family when required)
- Anticipates any complications (eg ileus)

FOR REFERENCE PURPOSES ONLY