

Operative Note Coding Assessment 1 with Step-by-Step Rationale**QUESTION ONE****Operative Report:****Patient Name:** John Doe**Date of Birth:** 02/14/1970**Date of Surgery:** 07/30/2024**Surgeon:** Dr. Jane Smith**Preoperative Diagnosis:** Acute appendicitis**Postoperative Diagnosis:** Acute appendicitis without perforation or gangrene**Procedure Performed:** Laparoscopic appendectomy**Indications:** The patient is a 54-year-old male who presented with right lower quadrant abdominal pain, nausea, and fever. Imaging studies confirmed the diagnosis of acute appendicitis without perforation or gangrene.**Procedure Description:** After informed consent was obtained, the patient was taken to the operating room and placed in the supine position. General anesthesia was administered. The abdomen was prepped and draped in the usual sterile fashion. A Veress needle was inserted at the umbilicus, and pneumoperitoneum was established with carbon dioxide to 15 mmHg. A 10mm trocar was inserted at the umbilicus, and a laparoscope was introduced. Two additional 5mm trocars were placed in the left lower quadrant and suprapubic region under direct visualization.

The appendix was identified, and the mesoappendix was dissected using electrocautery. The base of the appendix was ligated with an Endoloop, and the appendix was transected and removed through the umbilical port. The peritoneal cavity was irrigated with normal saline, and hemostasis was achieved. The trocars were removed, and the skin incisions were closed with absorbable sutures. The patient tolerated the procedure well and was taken to the recovery room in stable condition.

Specimen: Appendix**Complications:** None**Estimated Blood Loss:** Minimal

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