Group:

Group 1: Case 1, Case 4, Case 7, Case 10
Group 2: Case 2, Case 5, Case 8
Group 3: Case 3, Case 6, Case 9, Case 11

The OR reports for each case are attached below.

Case 1

INQUIRY, KAREN "" Female Born: 1948-Aug-20 Age: 73y
CDHA#: 0002400701 MSI#: 0004325687 Encounter#: 37009422

Synoptic Operative Report - Colon Cancer Surgery

Patient:	**INQUIRY, KAREN ""**	Birth Date:	**1948-Aug-20**
MSI#:	**0004325687**	CDHA#:	**0002400701**
Encounter#:	**37009422**	Document#:	**14112**
Report Origin:	**CDHA (Q)**	Surgeon:	**NEUMANN, Katerina MD (16971)**
Date of surgery:	**2022-Apr-14**		

Template Administration (overview of key report information)

Report copies to:	**NEUMANN, Katerina MD (16971)**

Current Procedure Administration (current planned and performed procedures and related diagnoses)

Pre-operative diagnosis:	**Cancer**	Pre-operative cancer classification:	**Primary**
Pre-operative diagnosis location :	**Cecum**	Post-operative diagnosis:	**Cancer**
Post-operative diagnosis location:	**Cecum**	Synchronous lesion:	**None**
Operative Urgency:	**Elective (scheduled)**	Procedure(s) planned:	**Right hemicolectomy**
Procedure Performed same as planned?	**Yes**	Surgical objectives:	**Curative**
Pre-Op Diversion Procedure:	**None**		

Pre-Operative Clinical Findings

Associated risk factors - conditions:	**None**

Pre-operative Staging

Diagnostic Imaging

Abdominal Imaging:	**CT Abdomen**	Chest Imaging:	**CT Chest**
Distant metastases:	**None**	Pre-op Local Invasion:	**None**

Pre-operative Pathology & Staging

Pre-operative Treatment - Neoadjuvant Treatment

Multidisciplinary Cancer Conference (MCC):	**No**	Pre-operative Chemotherapy:	**No**

Sign In and Briefing

Surgical Safety Checklist Performed?	**Yes**	Anesthesia:	**General**
Preoperative antibiotics:	**Yes**	DVT Prophylaxis:	**Yes**
Position:	**Supine**		

Operative Approach

Surgical incision:	**Midline**	Adhesions on laparotomy:	**None/minimal**

Intraoperative Evaluation

Assessment of primary tumour:	**Uncomplicated**	Intraoperative findings:	**Expected**

Operative Detail

High ligation of Inferior Mesenteric Vein (IMV) performed:	**No**	Right Ureter:	**Identified/preserved**
Resection Completed?	**Yes**	Segment of Colon resected:	**Cecum** **Ascending colon** **Hepatic flexure** **Proximal transverse**
Resected Blood Vessels:	**Ileocolic** **Right colic** **Right branch-middle colic** **Main branch-middle colic**	Level of transection:	**High ligation at origin**
Gross residual disease:	**No (R0/R1)**		

Anastomosis Details

Was anastomosis performed?	**No**

Perforated Colon

Was the colon perforated during resection?	**No**

Stoma Details

Stoma completed?	**Yes**	Pre-op ostomy marking?	**Yes**
Stoma:	**Ileum**	Stoma Type:	**End**
Stoma Site:	**Right upper quadrant (RUQ)**	Stoma maturation technique:	**Brook**
Distal limb:	**Closed with stapler or sutures**		

General - Wound Closure

Estimated Blood Loss (cc):	**100**	Sponge & Instrument count completed and correct :	**Yes**
Drains:	**No**	Abdominal wall suture technique:	**Running**
Abdominal wall suture type:	**Absorbable**	Skin closure:	**Staples**

Notable events and patient transfer

Notable events - Complications:	**No complications**	Unit transferred to:	**Recovery room**
Status of patient:	**Stable**		

Completion Elements

Dictation addendum:	**No**

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Case 2

INQUIRY, KAREN "" Female Born: 1948-Aug-20 Age: 73y
CDHA#: 0002400701 MSI#: 0004325687 Encounter#: 37009422

Synoptic Operative Report - Colon Cancer Surgery

Patient:	**INQUIRY, KAREN ""**	Birth Date:	**1948-Aug-20**
MSI#:	**0004325687**	CDHA#:	**0002400701**
Encounter#:	**37009422**	Document#:	**14152**
Report Origin:	**CDHA (Q)**	Surgeon:	**NEUMANN, Katerina MD (16971)**
Date of surgery:	**2022-May-12**		

Template Administration (overview of key report information)

Report copies to:	**NEUMANN, Katerina MD (16971)**

Current Procedure Administration (current planned and performed procedures and related diagnoses)

Pre-operative diagnosis:	**Cancer**	Pre-operative cancer classification:	**Primary**
Pre-operative diagnosis location :	**Splenic Flexure**	Post-operative diagnosis:	**Cancer**
Post-operative diagnosis location:	**Splenic Flexure**	Synchronous lesion:	**None**
Operative Urgency:	**Elective (scheduled)**	Procedure(s) planned:	**Left hemicolectomy**
Procedure Performed same as planned?	**Yes**	Surgical objectives:	**Curative**
Pre-Op Diversion Procedure:	**None**		

Pre-Operative Clinical Findings

Associated risk factors - conditions:	**None**

Pre-operative Staging

Diagnostic Imaging

Abdominal Imaging:	**CT Abdomen**	Chest Imaging:	**CT Chest**
Distant metastases:	**None**	Pre-op Local Invasion:	**None**

Pre-operative Pathology & Staging

Pre-operative Treatment - Neoadjuvant Treatment

Multidisciplinary Cancer Conference (MCC):	**No**	Pre-operative Chemotherapy:	**No**

Sign In and Briefing

Surgical Safety Checklist Performed?	**Yes**	Mechanical Bowel Prep Performed?	**Yes**
Anesthesia:	**General**	Preoperative antibiotics:	**Yes**
DVT Prophylaxis:	**Yes**	Position:	**Supine**

Operative Approach

Surgical incision:	**Laparoscopic**	Entry Technique:	**Open Hassan**
Number of ports:	**4**	Adhesions on laparotomy:	**Dense**
Exteriorization Incision:	**Midline**		

Intraoperative Evaluation

Assessment of primary tumour:	**Uncomplicated**	Intraoperative findings:	**Unexpected**
Intraoperative findings comment:	**dense adhesions**		

Operative Detail

Laparotomy conversion?	**Yes**	Reasons for laparotomy conversion:	**dense adhesions**
Left Ureter:	**Identified/preserved**	Resection Completed?	**Yes**
Segment of Colon resected:	**Distal transverse Splenic flexure Left colon**	Resected Blood Vessels:	**Left branch-middle colic Left colic**
Level of transection:	**High ligation at origin**	Gross residual disease:	**No (R0/R1)**
Use of wound protector:	**No**		

Anastomosis Details

Was anastomosis performed?	**Yes**	Type of anastomosis for laparoscopy:	**Extracorporeal**
Proximal anastomotic site:	**Transverse Colon**	Distal anastomotic site:	**Sigmoid**
Anastomotic Method:	**Hand sewn**	Anastomotic Type:	**End to End**
Intraoperative Assessment of anastomosis:	**Intact Anastomosis**	Anastomosis Comments:	**good blood supply, no tension**

Perforated Colon

Was the colon perforated during resection?	**No**

General - Wound Closure

Estimated Blood Loss (cc):	**100**	Sponge & Instrument count completed and correct :	**Yes**
Drains:	**No**	Fascia closure of ports greater than 10mm?	**Yes**
Abdominal wall suture technique:	**Running**	Abdominal wall suture type:	**Absorbable**
Skin closure:	**Staples**		

Notable events and patient transfer

Notable events - Complications:	**No complications**	Unit transferred to:	**Recovery room**
Status of patient:	**Stable**		

Completion Elements

Dictation addendum:	**No**

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Case 3

INQUIRY, KAREN "" Female Born: 1948-Aug-20 Age: 73y
CDHA#: 0002400701 MSI#: 0004325687 Encounter#: 37009422

nova scotia health authority

Synoptic Operative Report - Bowel Resection

Patient:	**INQUIRY, KAREN ""**	Birth Date:	**1948-Aug-20**
MSI#:	**0004325687**	CDHA#:	**0002400701**
Encounter#:	**37009422**	Document#:	**14154**
Report Origin:	**CDHA (Q)**	Surgeon:	**NEUMANN, Katerina MD (16971)**
Date of Surgery:	**2022-May-12**		

Particulars

Report copies to:	**NEUMANN, Katerina MD (16971)**	Procedures Planned Laparoscopic or Open Procedure?	**Laparoscopic**
Laparoscopic:	**Sigmoid Colectomy**	Procedure Performed:	**Same as required**
Preoperative Diagnosis:	**Crohn's disease**	Postop Dx same as Preop?	**Yes**
Operative Objective:	**Curative**	Indications:	**Abdominal pain**

Risk and Consent

ASA Physical Status:	**Class II. Patient with mild systemic disease**	Informed Consent:	**Yes: Indications for surgical procedure, risks, benefits, possible complications explained to patient including alternatives in treatment. Patient had the chance to ask questions and all were answered to their satisfaction. Patient understood and gave consent.**

PreOperative Assessment

BMI:	**Normal 18.5-24.9**	How was diagnosis made?	**Specialist**
Method of initial detection:	**CT scan positive**	Tests Ordered:	**Blood work CT abdomen**

Preparation

Surgical Safety Checklist:	**Yes**	Side of Surgery Marked:	**No**
Anesthesia:	**General**	General:	**General Endotracheal**
Position:	**Lithotomy**	Method of DVT Prophylaxis:	**Heparin**
Foley catheter placed:	**Yes**	Gastric tube:	**None**
Surgical Field:	**Clipped Antiseptic applied**	Draping:	**Appropriate draping**
Antibiotics given:	**Antibiotic administered within one hour of surgical incision**		

Operation Description

Operative Findings:	**Abscess**	Operation Description:	**Laparoscopic Colon visualized Rectum visualized Abdominal cavity visualized Fecal spillage**

			Diseased area excised Divided with Stapler GIA
GIA (size):	**60**	Anastamosis:	**None**
Mesenteric vessels of bowel ligated with:	**Vessel sealing**	Stoma:	**Colostomy end**
Comment:	**The area of perforation and abscess was in the mid sigmoid. This was resected and exteriorized through a small midline incision. The distal end (rectosigmoid) was somewhat inflamed from the underlying Crohn's, so it was brought up as a mucous fistula and matured to the skin in the left lower quadrant, while the end colostomy (distal descending colon) was brought up and matured to the skin in the left upper quadrant.**		

Closure

Drains:	**Jackson Pratt**	Drain location:	**RLQ**
Fascia closed:	**Yes**	Skin closed:	**Staples**
Estimated blood loss:	**200 mL or less**	Blood replaced:	**No**
Sponge/needle/instrument count:	**Correct x 2**	Dressing applied:	**Yes**
Condition:	**Stable**	Unit transferred:	**Recovery room/Surgical day care recovery**
Planned disposition:	**Inpatient**	Discharge:	**Post-anesthesia care unit (PACU)**
Followup:	**More than two weeks**	Specimen:	**Sent to pathology**
Complications:	**No complications**		

Follow-up and Referrals

Did anything unanticipated occur in this procedure?	**No**	Did the procedure take longer than anticipated?	**No**

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Case 4

INQUIRY, KAREN "" Female Born: 1948-Aug-20 Age: 73y
CDHA#: 0002400701 MSI#: 0004325687 Encounter#: 37009422

Synoptic Operative Report - Rectal Cancer Surgery

Patient:	**INQUIRY, KAREN ""**	Birth Date:	**1948-Aug-20**
MSI#:	**0004325687**	CDHA#:	**0002400701**
Encounter#:	**37009422**	Document#:	**14158**
Report Origin:	**CDHA (Q)**	Surgeon:	**NEUMANN, Katerina MD (16971)**
Date of surgery:	**2022-May-12**		

Template Administration

Report copies to:	**NEUMANN, Katerina MD (16971)**

Current Procedure Administration (current planned and performed procedures and related diagnoses)

Pre-operative diagnosis:	**Cancer**	Pre-operative cancer classification:	**Primary**
Post-operative diagnosis:	**Cancer**	Synchronous lesion:	**None**
Operative Urgency:	**Elective (scheduled)**	Procedure(s) planned:	**Low Anterior Resection with colostomy (Hartmann's)**
Procedure(s) performed:	**Low Anterior Resection with colostomy (Hartmann's)**	Reason for Hartmann's procedure:	**Fecal incontinence**
Procedure performed same as planned?	**Yes**	Surgical objectives:	**Curative**
Pre-Op Diversion Procedure:	**None**		

Clinical Findings (pre-operative clinical findings)

Associated risk factors/ conditions:	**None**

Pre-operative Staging (directed investigations in advance of surgery)

Other diagnostic investigations

Digital rectal examination:	**Not Palpable**	Distance from anal verge (cm) to distal extent of tumor:	**15**
Circumferential position:	**Circumferential**		

Diagnostic Imaging

Pelvic imaging:	**MRI Pelvis**	Abdominal imaging:	**CT**
Chest imaging:	**CT Chest**	Distant metastases:	**None**
Pre-op local invasion:	**None**		

Pre-operative Pathology & Staging

Pre-treatment Imaging Stage(indicate the pre-treatment imaging stage of patient if applicable)

Tx:	**T2 (into muscularis)**	Nx:	**N0**
Mx:	**M0 - No distant metastasis**	Clinical stage/Stage calculation:	**I**

Pre-operative Treatment - Neoadjuvant Treatment

Multidisciplinary Cancer Conference (MCC):	**Yes**	Preoperative Chemotherapy:	**No**

Preoperative Radiation: **None**

Operative Procedure (describes elements of operative procedure)

Sign In and Briefing

Surgical Safety Checklist performed?	**Yes**	Mechanical Bowel Prep:	**No**
Anesthesia:	**General**	Pre-operative antibiotics:	**Yes**
DVT prophylaxis:	**Yes**	Position:	**Lithotomy**

Operative Approach

Surgical incision:	**Laparoscopic**	Entry Technique:	**Open Hassan**
Number of ports:	**4**	Adhesions:	**None/minimal**
Exteriorization Incision:	**Midline**		

Intra-operative Evaluation

Rectal Cancer location:	**Above peritoneal reflection**	Assessment of primary tumour:	**Uncomplicated**
Intraoperative findings:	**Expected**		

Operative Detail

Laparotomy conversion?	**No**	Mobilization technique for laparoscopy:	**Medial to lateral**
Formal mobilization of the splenic flexure?	**No**	High ligation of Inferior Meserteric Vein (IMV) performed:	**Yes**
Left Ureter:	**Identified/preserved**	Right Ureter:	**Identified/preserved**
Left hypogastric nerve:	**Identified/preserved**	Right hypogastric nerve:	**Identified/preserved**
Level of arterial resection/vessels taken:	**Low ligation (distal left colic)**	Level of proximal bowel resection:	**Mid sigmoid**
Mesorectal Excision:	**Subtotal (not to levators) / Tumor Specific**	Mesorectal envelope surgically penetrated:	**No**
TME completeness:	**Complete**	Clinical margins - distal (cm):	**Greater than 5**
Resection Completed?	**Yes**	Gross residual disease:	**No (R0/R1)**
Use of wound protector:	**Yes**	Exteriorization incision:	**Midline**

Hartmann's Operative Detail

Level of rectal closure:	**Below peritoneal Reflection**	Rectal Closure Type:	**Staple**
Rectal stump marking:	**No**		

Perforated Rectum

Was the rectum perforated? **No**

Synchronous Colon surgery

Synchronous Colon surgery required? **No**

Stoma Operative Details

Stoma completed?	**Yes**	Pre-op ostomy marking?	**Yes**
Stoma Type:	**End sigmoid Colon**	Stoma Site:	**Left lower quadrant (LLQ)**
Stoma maturation technique:	**Flush**	Sutures used to mature - Type:	**Vicryl**

INQUIRY, KAREN "" Female Born: 1948-Aug-20 Age: 73y
CDHA#: 0002400701 MSI#: 0004325687 Encounter#: 37009422

Sutures used to mature - Size: **3-0**

General - Wound Closure

Estimated Blood Loss (cc):	**100**	Sponge & Instrument count completed and correct :	**Yes**
Drains:	**No**	Fascia closure of ports greater than 10mm?	**Yes**
Abdominal wall suture technique:	**Running**	Abdominal wall suture type:	**Absorbable**
Skin closure:	**Sutures**		

Notable events and patient transfer

Notable events - Complications:	**No complications**	Unit transferred to:	**Recovery room**
Status of patient:	**Stable**		

Completion Elements

Dictation addendum: **No**

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Case 5

INQUIRY, KAREN "" Female Born: 1948-Aug-20 Age: 73y
CDHA#: 0002400701 MSI#: 0004325687 Encounter#: 37009422

Synoptic Operative Report - Rectal Cancer Surgery

Patient:	**INQUIRY, KAREN ""**	Birth Date:	**1948-Aug-20**
MSI#:	**0004325687**	CDHA#:	**0002400701**
Encounter#:	**37009422**	Document#:	**14161**
Report Origin:	**CDHA (Q)**	Surgeon:	**NEUMANN, Katerina MD (16971)**
Date of surgery:	**2022-May-12**		

Template Administration

Report copies to:	**NEUMANN, Katerina MD (16971)**

Current Procedure Administration (current planned and performed procedures and related diagnoses)

Pre-operative diagnosis:	**Cancer**	Pre-operative cancer classification:	**Primary**
Post-operative diagnosis:	**Cancer**	Synchronous lesion:	**None**
Operative Urgency:	**Elective (scheduled)**	Procedure(s) planned:	**Low Anterior Resection (LAR) with colorectal anastomosis**
Procedure(s) performed:	**Low Anterior Resection (LAR) with colorectal anastomosis**	Procedure performed same as planned?	**Yes**
Surgical objectives:	**Curative**	Pre-Op Diversion Procedure:	**None**

Clinical Findings (pre-operative clinical findings)

Associated risk factors/ conditions:	**None**

Pre-operative Staging (directed investigations in advance of surgery)

Other diagnostic investigations

Digital rectal examination:	**Tethered**	Distance from anal verge (cm) to distal extent of tumor:	**6**
Circumferential position:	**Posterior**		

Diagnostic Imaging

Pelvic imaging:	**MRI Pelvis**	Abdominal imaging:	**CT**
Chest imaging:	**CT Chest**	Distant metastases:	**None**
Pre-op local invasion:	**None**		

Pre-operative Pathology & Staging

Pre-treatment Imaging Stage(indicate the pre-treatment imaging stage of patient if applicable)

Tx:	**T3 (outside of rectal wall)**	Nx:	**N0**
Mx:	**M0 - No distant metastasis**	Clinical stage/Stage calculation:	**II**

Pre-operative Treatment - Neoadjuvant Treatment

Multidisciplinary Cancer Conference (MCC):	**Yes**	Preoperative Chemotherapy:	**No**

Preoperative Radiation: **None**

Operative Procedure (describes elements of operative procedure)

Sign In and Briefing

Surgical Safety Checklist performed?	**Yes**	Mechanical Bowel Prep:	**Yes**
Anesthesia:	**General**	Pre-operative antibiotics:	**Yes**
DVT prophylaxis:	**Yes**	Position:	**Lithotomy**

Operative Approach

Surgical incision:	**Laparoscopic**	Entry Technique:	**Open Hassan**
Number of ports:	**4**	Adhesions:	**None/minimal**
Exteriorization Incision:	**Pfannenstiel**		

Intra-operative Evaluation

Rectal Cancer location:	**Below peritoneal reflection**	Assessment of primary tumour:	**Uncomplicated**
Intraoperative findings:	**Expected**		

Operative Detail

Laparotomy conversion?	**No**	Mobilization technique for laparoscopy:	**Medial to lateral**
Formal mobilization of the splenic flexure?	**Yes**	High ligation of Inferior Meserteric Vein (IMV) performed:	**Yes**
Left Ureter:	**Identified/preserved**	Right Ureter:	**Identified/preserved**
Left hypogastric nerve:	**Identified/preserved**	Right hypogastric nerve:	**Identified/preserved**
Level of arterial resection/vessels taken:	**Low ligation (distal left colic)**	Level of proximal bowel resection:	**Mid sigmoid**
Mesorectal Excision:	**Total to levators**	Mesorectal envelope surgically penetrated:	**No**
TME completeness:	**Near Complete**	Clinical margins - distal (cm):	**1 to 2**
Resection Completed?	**Yes**	Gross residual disease:	**No (R0/R1)**
Use of wound protector:	**Yes**	Exteriorization incision:	**Pfannenstiel**

LAR Operative Details

Reconstruction:	**Straight**	Anastomotic Method:	**Stapled**
Anastomotic Circular Stapler:	**28**	Anastomotic Donuts intact:	**Yes**
Level of anastomosis above anal verge on sigmoidoscopy (cm):	**4**	Intraoperative assessment of anastomosis:	**Intact Anastomosis**

Perforated Rectum

Was the rectum perforated? **No**

Synchronous Colon surgery

Synchronous Colon surgery required? **No**

Stoma Operative Details

INQUIRY, KAREN "" Female Born: 1948-Aug-20 Age: 73y
CDHA#: 0002400701 MSI#: 0004325687 Encounter#: 37009422

Stoma completed?	**Yes**	Pre-op ostomy marking?	**Yes**
Stoma Type:	**Loop ileostomy**	Stoma Site:	**Right lower quadrant (RLQ)**
Stoma maturation technique:	**Brook**	Sutures used to mature - Type:	**Vicryl**
Sutures used to mature - Size:	**3-0**		

General - Wound Closure

Estimated Blood Loss (cc):	**50**	Sponge & Instrument count completed and correct :	**Yes**
Drains:	**No**	Fascia closure of ports greater than 10mm?	**Yes**
Abdominal wall suture technique:	**Running**	Abdominal wall suture type:	**Absorbable**
Skin closure:	**Sutures**		

Notable events and patient transfer

Notable events - Complications:	**No complications**	Unit transferred to:	**Recovery room**
Status of patient:	**Stable**		

Completion Elements

Dictation addendum: **No**

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Case 6

INQUIRY, KAREN "" Female Born: 1948-Aug-20 Age: 73y
CDHA#: 0002400701 MSI#: 0004325687 Encounter#: 37009422

Synoptic Operative Report - Rectal Cancer Surgery

Patient:	**INQUIRY, KAREN ""**	Birth Date:	**1948-Aug-20**
MSI#:	**0004325687**	CDHA#:	**0002400701**
Encounter#:	**37009422**	Document#:	**14160**
Report Origin:	**CDHA (Q)**	Surgeon:	**NEUMANN, Katerina MD (16971)**
Date of surgery:	**2022-May-12**		

Template Administration

Report copies to:	**NEUMANN, Katerina MD (16971)**

Current Procedure Administration (current planned and performed procedures and related diagnoses)

Pre-operative diagnosis:	**Cancer**	Pre-operative cancer classification:	**Primary**
Post-operative diagnosis:	**Cancer**	Synchronous lesion:	**None**
Operative Urgency:	**Elective (scheduled)**	Procedure(s) planned:	**Low Anterior Resection (LAR) with colorectal anastomosis**
Procedure(s) performed:	**Low Anterior Resection (LAR) with colorectal anastomosis**	Procedure performed same as planned?	**Yes**
Surgical objectives:	**Curative**	Pre-Op Diversion Procedure:	**None**

Clinical Findings (pre-operative clinical findings)

Associated risk factors/ conditions:	**None**

Pre-operative Staging (directed investigations in advance of surgery)

Other diagnostic investigations

Digital rectal examination:	**Not Palpable**	Distance from anal verge (cm) to distal extent of tumor:	**9**
Circumferential position:	**Circumferential**		

Diagnostic Imaging

Pelvic imaging:	**MRI Pelvis**	Abdominal imaging:	**CT**
Chest imaging:	**CT Chest**	Distant metastases:	**None**
Pre-op local invasion:	**None**		

Pre-operative Pathology & Staging

Pre-treatment Imaging Stage(indicate the pre-treatment imaging stage of patient if applicable)

Tx:	**T3 (outside of rectal wall)**	Nx:	**N positive**
Mx:	**M0 - No distant metastasis**	Clinical stage/Stage calculation:	**III**

Pre-operative Treatment - Neoadjuvant Treatment

Multidisciplinary Cancer Conference (MCC):	**Yes**	Preoperative Chemotherapy:	**Yes**

Preoperative Radiation:	**Long course radiation**	Clinical response:	**Partial**
Re-staging:	**Yes**		

Operative Procedure (describes elements of operative procedure)

Sign In and Briefing

Surgical Safety Checklist performed?	**Yes**	Mechanical Bowel Prep:	**Yes**
Anesthesia:	**General**	Pre-operative antibiotics:	**Yes**
DVT prophylaxis:	**Yes**	Position:	**Lithotomy**

Operative Approach

Surgical incision:	**Midline**	Adhesions:	**None/minimal**

Operative Detail

Formal mobilization of the splenic flexure?	**Yes**	High ligation of Inferior Meserteric Vein (IMV) performed:	**Yes**
Left Ureter:	**Identified/preserved**	Right Ureter:	**Not identified**
Left hypogastric nerve:	**Identified/preserved**	Right hypogastric nerve:	**Identified/preserved**
Level of arterial resection/vessels taken:	**High ligation (proximal left colic)**	Level of proximal bowel resection:	**Mid sigmoid**
Mesorectal Excision:	**Total to levators**	Mesorectal envelope surgically penetrated:	**No**
TME completeness:	**Complete**	Clinical margins - distal (cm):	**2.1 to 5**
Resection Completed?	**Yes**	Gross residual disease:	**No (R0/R1)**

LAR Operative Details

Reconstruction:	**Straight**	Anastomotic Method:	**Stapled**
Anastomotic Circular Stapler:	**28**	Anastomotic Donuts intact:	**Yes**
Level of anastomosis above anal verge on sigmoidoscopy (cm):	**5**	Intraoperative assessment of anastomosis:	**Intact Anastomosis**

Perforated Rectum

Was the rectum perforated?	**No**

Synchronous Colon surgery

Synchronous Colon surgery required?	**No**

Stoma Operative Details

Stoma completed?	**Yes**	Pre-op ostomy marking?	**Yes**
Stoma Type:	**Loop ileostomy**	Stoma Site:	**Right lower quadrant (RLQ)**
Stoma maturation technique:	**Brook**	Sutures used to mature - Type:	**Vicryl**
Sutures used to mature - Size:	**3-0**		

General - Wound Closure

Estimated Blood Loss (cc):	**50**	Sponge & Instrument count completed and correct :	**Yes**

		completed and correct :	
Drains:	**No**	Abdominal wall suture technique:	**Running**
Abdominal wall suture type:	**Absorbable**	Skin closure:	**Sutures**

Notable events and patient transfer

Notable events - Complications:	**No complications**	Unit transferred to:	**Recovery room**
Status of patient:	**Stable**		

Completion Elements

Dictation addendum: **No**

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Case 7

INQUIRY, KAREN "" Female Born: 1948-Aug-20 Age: 73y
CDHA#: 0002400701 MSI#: 0004325687 Encounter#: 37009422

Synoptic Operative Report - Rectal Cancer Surgery

Patient:	**INQUIRY, KAREN ""**	Birth Date:	**1948-Aug-20**
MSI#:	**0004325687**	CDHA#:	**0002400701**
Encounter#:	**37009422**	Document#:	**14162**
Report Origin:	**CDHA (Q)**	Surgeon:	**NEUMANN, Katerina MD (16971)**
Date of surgery:	**2022-May-12**		

Template Administration

Report copies to:	**NEUMANN, Katerina MD (16971)**

Current Procedure Administration (current planned and performed procedures and related diagnoses)

Pre-operative diagnosis:	**Cancer**	Pre-operative cancer classification:	**Primary**
Post-operative diagnosis:	**Cancer**	Synchronous lesion:	**None**
Operative Urgency:	**Elective (scheduled)**	Procedure(s) planned:	**LAR with coloanal anastomosis**
Procedure(s) performed:	**LAR with coloanal anastomosis**	Procedure performed same as planned?	**Yes**
Surgical objectives:	**Curative**	Pre-Op Diversion Procedure:	**None**

Clinical Findings (pre-operative clinical findings)

Associated risk factors/ conditions:	**None**

Pre-operative Staging (directed investigations in advance of surgery)

Other diagnostic investigations

Digital rectal examination:	**Mobile**	Distance from anal verge (cm) to distal extent of tumor:	**4**
Circumferential position:	**Right lateral**		

Diagnostic Imaging

Pelvic imaging:	**MRI Pelvis**	Abdominal imaging:	**CT**
Chest imaging:	**CT Chest**	Distant metastases:	**None**
Pre-op local invasion:	**None**		

Pre-operative Pathology & Staging

Pre-treatment Imaging Stage(indicate the pre-treatment imaging stage of patient if applicable)

Tx:	**T3 (outside of rectal wall)**	Nx:	**N0**
Mx:	**M0 - No distant metastasis**	Clinical stage/Stage calculation:	**II**

Pre-operative Treatment - Neoadjuvant Treatment

Multidisciplinary Cancer Conference (MCC):	**Yes**	Preoperative Chemotherapy:	**No**
Preoperative Radiation:	**Long course radiation**	Clinical response:	**Partial**

Re-staging: **No**

Operative Procedure (describes elements of operative procedure)

Sign In and Briefing

Surgical Safety Checklist performed?	**Yes**	Mechanical Bowel Prep:	**No**
Anesthesia:	**General**	Pre-operative antibiotics:	**Yes**
DVT prophylaxis:	**Yes**	Position:	**Lithotomy**

Operative Approach

Surgical incision:	**Laparoscopic**	Entry Technique:	**Open Hassan**
Number of ports:	**5**	Adhesions:	**None/minimal**
Exteriorization Incision:	**Through the anus**		

Intra-operative Evaluation

Rectal Cancer location:	**Below peritoneal reflection**	Assessment of primary tumour:	**Uncomplicated**
Intraoperative findings:	**Expected**		

Operative Detail

Laparotomy conversion?	**No**	Mobilization technique for laparoscopy:	**Medial to lateral**
Formal mobilization of the splenic flexure?	**Yes**	High ligation of Inferior Meserteric Vein (IMV) performed:	**Yes**
Left Ureter:	**Identified/preserved**	Right Ureter:	**Not identified**
Left hypogastric nerve:	**Identified/preserved**	Right hypogastric nerve:	**Identified/preserved**
Level of arterial resection/vessels taken:	**High ligation (proximal left colic)**	Level of proximal bowel resection:	**Mid sigmoid**
Mesorectal Excision:	**Total to levators**	Mesorectal envelope surgically penetrated:	**No**
TME completeness:	**Complete**	Clinical margins - distal (cm):	**1 to 2**
Resection Completed?	**Yes**	Gross residual disease:	**No (R0/R1)**
Use of wound protector:	**No**	Exteriorization incision:	**Through the anus**

LAR Operative Details

Reconstruction:	**Straight**	Anastomotic Method:	**Hand-sewn**
Level of anastomosis above anal verge on sigmoidoscopy (cm):	**2**	Intraoperative assessment of anastomosis:	**Intact Anastomosis**

Perforated Rectum

Was the rectum perforated? **No**

Synchronous Colon surgery

Synchronous Colon surgery required? **No**

Stoma Operative Details

Stoma completed?	**Yes**	Pre-op ostomy marking?	**Yes**

Stoma Type:	**Loop ileostomy**	Stoma Site:	**Right upper quadrant (RUQ)**
Stoma maturation technique:	**Brook**	Sutures used to mature - Type:	**Vicryl**
Sutures used to mature - Size:	**3-0**		

General - Wound Closure

Estimated Blood Loss (cc):	**100**	Sponge & Instrument count completed and correct :	**Yes**
Drains:	**No**	Fascia closure of ports greater than 10mm?	**Yes**
Abdominal wall suture type:	**Absorbable**	Skin closure:	**Sutures**

Notable events and patient transfer

Notable events - Complications:	**No complications**	Unit transferred to:	**Recovery room**
Status of patient:	**Stable**	General Operative procedure comments:	**The rectum was mobilized laparoscopically down to the levators. From the perineal side, the rectum was sutured closed 1cm below the tumour (purse-string), just at the top of the anorectal junction. A partial mucosectomy was performed, mobilizing the remaining attachments of the very distal rectum from the levator and the rectum was then divided with cautery just below the purse-string suture. It was delivered through the anus. While the rectum and sigmoid were exteriorized, the proximal resection margin was chosen at the level of the mid sigmoid and divided using electrocautery at this level. The specimen was sent in formalin to pathology. The divided sigmoid was then hand sewn to the anal cuff (sphincter) cirumferetially using 3-0 vicryl sutures.**

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Case 8

INQUIRY, KAREN "" Female Born: 1948-Aug-20 Age: 73y
CDHA#: 0002400701 MSI#: 0004325687 Encounter#: 37009422

Synoptic Operative Report - Rectal Cancer Surgery

Patient:	**INQUIRY, KAREN ""**	Birth Date:	**1948-Aug-20**
MSI#:	**0004325687**	CDHA#:	**0002400701**
Encounter#:	**37009422**	Document#:	**14163**
Report Origin:	**CDHA (Q)**	Surgeon:	**NEUMANN, Katerina MD (16971)**
Date of surgery:	**2022-May-12**		

Template Administration

Report copies to:	**NEUMANN, Katerina MD (16971)**

Current Procedure Administration (current planned and performed procedures and related diagnoses)

Pre-operative diagnosis:	**Cancer**	Pre-operative cancer classification:	**Primary**
Post-operative diagnosis:	**Cancer**	Synchronous lesion:	**None**
Operative Urgency:	**Elective (scheduled)**	Procedure(s) planned:	**Abdominal Perineal Resection (APR)**
Procedure(s) performed:	**Abdominal Perineal Resection (APR)**	Reason for performing APR:	**Levator involvement**
Procedure performed same as planned?	**Yes**	Surgical objectives:	**Curative**
Pre-Op Diversion Procedure:	**None**		

Clinical Findings (pre-operative clinical findings)

Associated risk factors/ conditions:	**None**

Pre-operative Staging (directed investigations in advance of surgery)

Other diagnostic investigations

Digital rectal examination:	**Fixed**	Distance from anal verge (cm) to distal extent of tumor:	**3**
Circumferential position:	**Circumferential**		

Diagnostic Imaging

Pelvic imaging:	**MRI Pelvis**	Abdominal imaging:	**CT**
Chest imaging:	**CT Chest**	Distant metastases:	**None**
Pre-op local invasion:	**None**		

Pre-operative Pathology & Staging

Pre-treatment Imaging Stage(indicate the pre-treatment imaging stage of patient if applicable)

Tx:	**T4 (other structures/Invasion)**	Nx:	**N positive**
Mx:	**M0 - No distant metastasis**	Clinical stage/Stage calculation:	**III**

Pre-operative Treatment - Neoadjuvant Treatment

Multidisciplinary Cancer	**Yes**	Preoperative Chemotherapy:	**Yes**

Conference (MCC):			
Preoperative Radiation:	**Short course radiation**	Clinical response:	**Partial**
Re-staging:	**Yes**		

Operative Procedure (describes elements of operative procedure)

Sign In and Briefing

Surgical Safety Checklist performed?	**Yes**	Mechanical Bowel Prep:	**No**
Anesthesia:	**General**	Pre-operative antibiotics:	**Yes**
DVT prophylaxis:	**Yes**	Position:	**Lithotomy**

Operative Approach

Surgical incision:	**Midline**	Adhesions:	**Moderate**

Operative Detail

Formal mobilization of the splenic flexure?	**No**	High ligation of Inferior Meserteric Vein (IMV) performed:	**No**
Left Ureter:	**Identified/preserved**	Right Ureter:	**Identified/not preserved**
Left hypogastric nerve:	**Identified/preserved**	Right hypogastric nerve:	**Identified/preserved**
Level of arterial resection/vessels taken:	**Low ligation (distal left colic)**	Level of proximal bowel resection:	**Mid sigmoid**
Mesorectal Excision:	**Total with extra levator dissection (only applicable for APR or Pelvic Exent)**	Mesorectal envelope surgically penetrated:	**No**
TME completeness:	**Near Complete**	Clinical margins - distal (cm):	**2.1 to 5**
Resection Completed?	**Yes**	Gross residual disease:	**No (R0/R1)**

APR & PE & TP Operative Details

Second Surgeon for Perineal Dissection (PD):	**No**	Position for Perineal Dissection (PD):	**Lithotomy**
Levators excision:	**With cuff**	Perineal Closure Type:	**Primary**
Layer closed:	**Ischiorectal fat**	Skin closure:	**Suture**

Perforated Rectum

Was the rectum perforated?	**No**

Synchronous Colon surgery

Synchronous Colon surgery required?	**No**

Stoma Operative Details

Stoma completed?	**Yes**	Pre-op ostomy marking?	**Yes**
Stoma Type:	**End sigmoid Colon**	Stoma Site:	**Left upper quadrant (LUQ)**
Stoma maturation technique:	**Brook**	Sutures used to mature - Type:	**Vicryl**
Sutures used to mature - Size:	**3-0**		

General - Wound Closure

Estimated Blood Loss (cc):	**200**	Sponge & Instrument count completed and correct :	**Yes**
Drains:	**Yes**	Drain type:	**Closed Suction**
Drain Location:	**Right lower quadrant (RLQ)**	Abdominal wall suture technique:	**Running**
Abdominal wall suture type:	**Absorbable**	Skin closure:	**Staples**

Notable events and patient transfer

Notable events - Complications:	**No complications**	Unit transferred to:	**Recovery room**
Status of patient:	**Stable**		

Completion Elements

Dictation addendum: **No**

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INQUIRY, KAREN "" Female Born: 1948-Aug-20 Age: 73y
CDHA#: 0002400701 MSI#: 0004325687 Encounter#: 37009422

nova scotia health authority

Synoptic Operative Report - Bowel Resection

Patient:	**INQUIRY, KAREN ""**	Birth Date:	**1948-Aug-20**
MSI#:	**0004325687**	CDHA#:	**0002400701**
Encounter#:	**37009422**	Document#:	**14165**
Report Origin:	**CDHA (Q)**	Surgeon:	**NEUMANN, Katerina MD (16971)**
Date of Surgery:	**2022-May-12**		

Particulars

Report copies to:	**NEUMANN, Katerina MD (16971)**	Procedures Planned Laparoscopic or Open Procedure?	**Open**
Open:	**Right hemicolectomy Left hemicolectomy Sigmoid Colectomy Transverse Colectomy Lower anterior resection**	Procedure Performed:	**Same as required**
Preoperative Diagnosis:	**Ulcerative colitis**	Postop Dx same as Preop?	**Yes**
Operative Objective:	**Curative**	Indications:	**High grade dysplasia**

Risk and Consent

Risk Factors:	**None**	ASA Physical Status:	**Class II. Patient with mild systemic disease**
Informed Consent:	**Yes: Indications for surgical procedure, risks, benefits, possible complications explained to patient including alternatives in treatment. Patient had the chance to ask questions and all were answered to their satisfaction. Patient understood and gave consent.**		

PreOperative Assessment

BMI:	**Normal 18.5-24.9**	How was diagnosis made?	**Specialist**
Method of initial detection:	**Colonoscopy**	Tests Ordered:	**Blood work CT abdomen CT chest**

Preparation

Surgical Safety Checklist:	**Yes**	Side of Surgery Marked:	**No**
Anesthesia:	**General**	General:	**General Endotracheal**
Position:	**Lithotomy**	Method of DVT Prophylaxis:	**Heparin**
Foley catheter placed:	**Yes**	Gastric tube:	**None**
Surgical Field:	**Clipped Antiseptic applied**	Draping:	**Appropriate draping**
Antibiotics given:	**Antibiotic administered within one hour of surgical incision**		

Operation Description

Operative Findings:	**Normal appearing colon and rectum**	Operation Description:	**Midline incision Colon visualized Rectum visualized Abdominal cavity visualized**
Mesenteric vessels of bowel ligated with:	**Ties**	Stoma:	**Ileostomy loop**
Comment:	**The entire colon was mobilized, mesentery ligated, and resected using GIA 80 stapler. Proximal resection margin was the distal ileum. Distal resection margin was the rectosigmoid.** **Once the colectomy specimen was taken off the field, I mobilized the rectum down to the levators. I performed a high ligation on the IMA. Left ureter and hypogastric nerves were identified and protected. The rectum was divided at the level of the levator using a TA30 stapler, and taken off the field.**		
	An ileal J pouch was created from the distal ileum (15cm in length) using 3 firings of the GIA 80 stapler to create the common channel. The anvil of a size 28 circular stapler was secured into the J-pouch using a purse-string 2-0 prolene suture. The ileal-anal anastomosis was then created by passing the stapler through the anal cuff. The donuts were intact, and leak test was negative. **Lastly, I performed a diverting loop ileostomy approx. 30 cm upstream of the J-pouch. It was brought up in the right lower quadrant, brooking technique, secured using 3-0 vicryl suture.**		

Closure

Fascia closed:	**Yes**	Skin closed:	**Absorbable sutures**
Estimated blood loss:	**200 mL or less**	Blood replaced:	**No**
Sponge/needle/instrument count:	**Correct x 2**	Dressing applied:	**Yes**
Condition:	**Stable**	Unit transferred:	**Recovery room/Surgical day care recovery**
Planned disposition:	**Inpatient**	Discharge:	**Post-anesthesia care unit (PACU)**

(PACU)

Followup:	**More than two weeks**	Specimen:	**Sent to pathology**
Complications:	**No complications**		

Follow-up and Referrals

Did anything unanticipated occur in this procedure?	**No**	Did the procedure take longer than anticipated?	**No**

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Case 10

INQUIRY, KAREN "" Female Born: 1948-Aug-20 Age: 73y
CDHA#: 0002400701 MSI#: 0004325687 Encounter#: 37009422

Synoptic Operative Report - Colon Cancer Surgery

Patient:	**INQUIRY, KAREN ""**	Birth Date:	**1948-Aug-20**
MSI#:	**0004325687**	CDHA#:	**0002400701**
Encounter#:	**37009422**	Document#:	**14166**
Report Origin:	**CDHA (Q)**	Surgeon:	**NEUMANN, Katerina MD (16971)**
Date of surgery:	**2022-May-12**		

Template Administration (overview of key report information)

Report copies to:	**NEUMANN, Katerina MD (16971)**

Current Procedure Administration (current planned and performed procedures and related diagnoses)

Pre-operative diagnosis:	**Cancer**	Pre-operative cancer classification:	**Primary**
Pre-operative diagnosis location :	**Ascending colon**	Post-operative diagnosis:	**Cancer**
Post-operative diagnosis location:	**Ascending colon**	Synchronous lesion:	**Cancer**
Synchronous lesion location:	**Descending colon**	Operative Urgency:	**Elective (scheduled)**
Procedure(s) planned:	**Total abdominal colectomy**	Procedure Performed same as planned?	**Yes**
Surgical objectives:	**Curative**	Pre-Op Diversion Procedure:	**None**

Pre-Operative Clinical Findings

Associated risk factors - conditions:	**None**

Pre-operative Staging

Diagnostic Imaging

Abdominal Imaging:	**CT Abdomen**	Chest Imaging:	**CT Chest**
Distant metastases:	**None**	Pre-op Local Invasion:	**None**

Pre-operative Pathology & Staging

Pre-operative Treatment - Neoadjuvant Treatment

Multidisciplinary Cancer Conference (MCC):	**Yes**	Pre-operative Chemotherapy:	**No**

Sign In and Briefing

Surgical Safety Checklist Performed?	**Yes**	Mechanical Bowel Prep Performed?	**Yes**
Anesthesia:	**General**	Preoperative antibiotics:	**Yes**
DVT Prophylaxis:	**Yes**	Position:	**Lithotomy**

Operative Approach

Surgical incision:	**Laparoscopic**	Entry Technique:	**Open Hassan**
Number of ports:	**5**	Adhesions on laparotomy:	**None/minimal**
Exteriorization Incision:	**Midline**		

Intraoperative Evaluation

Assessment of primary tumour:	**Uncomplicated**	Intraoperative findings:	**Expected**

Operative Detail

Laparotomy conversion?	**No**	Mobilization technique for laparoscopy:	**Medial to lateral**
High ligation of Inferior Mesenteric Vein (IMV) performed:	**Yes**	Left Ureter:	**Identified/preserved**
Right Ureter:	**Identified/preserved**	Left hypogastric nerve:	**Not Applicable**
Right hypogastric nerve:	**Not Applicable**	Resection Completed?	**Yes**
Segment of Colon resected:	**Cecum** **Ascending colon** **Hepatic flexure** **Proximal transverse** **Midtransverse** **Distal transverse** **Splenic flexure** **Left colon** **Sigmoid colon** **Rectosigmoid junction**	Resected Blood Vessels:	**Ileocolic** **Right colic** **Main branch-middle colic** **Left colic** **Inferior mesenteric**
Level of transection:	**High ligation at origin**	Gross residual disease:	**No (R0/R1)**
Use of wound protector:	**Yes**		

Anastomosis Details

Was anastomosis performed?	**Yes**	Type of anastomosis for laparoscopy:	**Intracorporeal**
Proximal anastomotic site:	**Ileum**	Distal anastomotic site:	**Rectum**
Anastomotic Method:	**Stapled**	Anastomotic Type:	**Side to End**
Stapler used to complete anastomosis:	**Circular**	Anastomotic Donuts intact:	**Yes**
Intraoperative Assessment of anastomosis:	**Intact Anastomosis**	Anastomosis Comments:	**leak test negative**

Perforated Colon

Was the colon perforated during resection?	**No**

General - Wound Closure

Estimated Blood Loss (cc):	**100**	Sponge & Instrument count completed and correct :	**Yes**
Drains:	**No**	Fascia closure of ports greater than 10mm?	**Yes**
Abdominal wall suture technique:	**Running**	Abdominal wall suture type:	**Absorbable**
Skin closure:	**Sutures**		

Notable events and patient transfer

Notable events - Complications:	**No complications**	Unit transferred to:	**Recovery room**
Status of patient:	**Stable**		

Completion Elements

Dictation addendum: **No**

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Case 11

INQUIRY, KAREN "" Female Born: 1948-Aug-20 Age: 73y
CDHA#: 0002400701 MSI#: 0004325687 Encounter#: 37009422

Synoptic Operative Report - Rectal Cancer Surgery

Patient:	**INQUIRY, KAREN ""**	Birth Date:	**1948-Aug-20**
MSI#:	**0004325687**	CDHA#:	**0002400701**
Encounter#:	**37009422**	Document#:	**14168**
Report Origin:	**CDHA (Q)**	Surgeon:	**NEUMANN, Katerina MD (16971)**
Date of surgery:	**2022-May-12**		

Template Administration

Report copies to:	**NEUMANN, Katerina MD (16971)**

Current Procedure Administration (current planned and performed procedures and related diagnoses)

Pre-operative diagnosis:	**Cancer**	Pre-operative cancer classification:	**Primary**
Post-operative diagnosis:	**Cancer**	Synchronous lesion:	**None**
Operative Urgency:	**Elective (scheduled)**	Procedure(s) planned:	**Low Anterior Resection (LAR) with colorectal anastomosis**
Procedure(s) performed:	**Low Anterior Resection (LAR) with colorectal anastomosis**	Procedure performed same as planned?	**Yes**
Surgical objectives:	**Curative**	Pre-Op Diversion Procedure:	**None**

Clinical Findings (pre-operative clinical findings)

Associated risk factors/ conditions:	**None**

Pre-operative Staging (directed investigations in advance of surgery)

Other diagnostic investigations

Digital rectal examination:	**Not Palpable**	Distance from anal verge (cm) to distal extent of tumor:	**10**
Circumferential position:	**Circumferential**		

Diagnostic Imaging

Pelvic imaging:	**MRI Pelvis**	Abdominal imaging:	**CT**
Chest imaging:	**CT Chest**	Distant metastases:	**None**
Pre-op local invasion:	**None**		

Pre-operative Pathology & Staging

Pre-treatment Imaging Stage(indicate the pre-treatment imaging stage of patient if applicable)

Tx:	**T3 (outside of rectal wall)**	Nx:	**N positive**
Mx:	**M0 - No distant metastasis**	Clinical stage/Stage calculation:	**III**

Pre-operative Treatment - Neoadjuvant Treatment

Multidisciplinary Cancer Conference (MCC):	**Yes**	Preoperative Chemotherapy:	**Yes**

Preoperative Radiation:	**Long course radiation**	Clinical response:	**Partial**
Re-staging:	**Yes**		

Operative Procedure (describes elements of operative procedure)

Sign In and Briefing

Surgical Safety Checklist performed?	**Yes**	Mechanical Bowel Prep:	**Yes**
Anesthesia:	**General**	Pre-operative antibiotics:	**Yes**
DVT prophylaxis:	**Yes**	Position:	**Lithotomy**

Operative Approach

Surgical incision:	**Laparoscopic**	Entry Technique:	**Open Hassan**
Number of ports:	**4**	Adhesions:	**None/minimal**
Exteriorization Incision:	**Midline**		

Intra-operative Evaluation

Rectal Cancer location:	**Below peritoneal reflection**	Assessment of primary tumour:	**Uncomplicated**
Intraoperative findings:	**Expected**		

Operative Detail

Laparotomy conversion?	**No**	Mobilization technique for laparoscopy:	**Medial to lateral**
Formal mobilization of the splenic flexure?	**Yes**	High ligation of Inferior Meserteric Vein (IMV) performed:	**Yes**
Left Ureter:	**Identified/preserved**	Right Ureter:	**Not identified**
Left hypogastric nerve:	**Identified/preserved**	Right hypogastric nerve:	**Identified/preserved**
Level of arterial resection/vessels taken:	**High ligation (proximal left colic)**	Level of proximal bowel resection:	**Mid sigmoid**
Mesorectal Excision:	**Subtotal (not to levators) / Tumor Specific**	Mesorectal envelope surgically penetrated:	**No**
TME completeness:	**Complete**	Clinical margins - distal (cm):	**Greater than 5**
Resection Completed?	**Yes**	Gross residual disease:	**No (R0/R1)**
Use of wound protector:	**Yes**	Exteriorization incision:	**Midline**

LAR Operative Details

Reconstruction:	**Straight**	Anastomotic Method:	**Stapled**
Anastomotic Circular Stapler:	**28**	Anastomotic Donuts intact:	**Yes**
Level of anastomosis above anal verge on sigmoidoscopy (cm):	**5**	Intraoperative assessment of anastomosis:	**Intact Anastomosis**

Perforated Rectum

Was the rectum perforated?	**No**

Synchronous Colon surgery

Synchronous Colon surgery required?	**No**

Stoma Operative Details

Stoma completed?	**Yes**	Pre-op ostomy marking?	**Yes**
Stoma Type:	**Loop ileostomy**	Stoma Site:	**Right upper quadrant (RUQ)**
Stoma maturation technique:	**Brook**	Sutures used to mature - Type:	**Vicryl**
Sutures used to mature - Size:	**3-0**		

General - Wound Closure

Estimated Blood Loss (cc):	**100**	Sponge & Instrument count completed and correct :	**Yes**
Drains:	**No**	Fascia closure of ports greater than 10mm?	**Yes**
Abdominal wall suture technique:	**Running**	Abdominal wall suture type:	**Absorbable**
Skin closure:	**Sutures**		

Notable events and patient transfer

Notable events - Complications:	**No complications**	Unit transferred to:	**Recovery room**
Status of patient:	**Stable**	General Operative procedure comments:	**We performed a combined laparoscopic transabdominal and transanal TME resection of the rectum. The upper part of the sigmoid and rectal dissection was performed laprascopically transabdominally. The lower part of the rectal dissection was carried out by means of TEM through the anus, as follows: We created a purse-string suture below the tumour and created a circumferential rectotomy at least 5 cm below the tumour. The TME plane was dissected until we met up with the transabdominal upper part of the dissection. The specimen was exteriorized through a small midline incision, the upper resection margin was chosen at the level of the mid sigmoid and divided with a GIA 80 stapler. The anorectal cuff was closed using a purse-string over a catheter and a size 28 circular stapler was guided into place through the anal cuff via the catheter. The anvil was secured to the stapled off sigmoid and the colorectal anastomosis was created intracorporeally under guidance of the laparoscope.**

Completion Elements

Dictation addendum: **No**

This report is NOT signed out.