

Mount Sinai Health System
Full Operative/Procedure Report

Patient: Alex Morgan Bell

Procedure start time: 7/22/2025 11:14 AM

Procedure end time: 7/22/2025 3:59 PM

Procedure/Surgery Team: Surgeons and Role:
Panel 1:
* Celia Divino, MD - Primary
Panel 2:
* Parissa Tabrizian, MD - Primary
* Allen Yu, MD, PhD - Resident - Assisting

Preoperative Diagnosis: Metastatic neuroendocrine tumor

Postoperative Diagnosis: Metastatic neuroendocrine tumor

Procedure: Diagnostic laparoscopy, exploratory laparotomy, mesenteric mass excision, small bowel resection, X 2, cholecystectomy

Anesthesia: General

Estimated Blood Loss (in mL): 25mL

Complications: None

Prosthetic devices, transplants, grafts, tissues implanted: None

Drains inserted: 10 Fr JP drain

Condition of patient at conclusion of procedure: Stable

Specimens:						
ID	Type	Source	Tests	Collected by	Time	Destination
A : SEGMENT 1,LIVER FOR BIOREPOSITION	Tissue	Liver	SURGICAL PATHOLOG Y	Celia Divino, MD	7/22/2025 1247	
B : SEGMENT 7	Tissue	Liver	SURGICAL PATHOLOG	Celia Divino, MD	7/22/2025 1249	

Y

SURGICAL Celia Divino, 7/22/2025
PATHOLOG MD 1249
Y

SURGICAL Celia Divino, 7/22/2025
PATHOLOG MD 1253
Y

SURGICAL Celia Divino, 7/22/2025
PATHOLOG MD 1254
Y

SURGICAL Celia Divino, 7/22/2025
PATHOLOG MD 1254
Y

SURGICAL Celia Divino, 7/22/2025
PATHOLOG MD 1255
Y

SURGICAL Celia Divino, 7/22/2025
PATHOLOG MD 1414
Y

SURGICAL	Celia Divino, 7/22/2025
PATHOLOG	MD 1509
Y	

Indications for Procedure	
1	1. <i>Chronic</i> (long-term) <i>hypertension</i> (high blood pressure)
2	2. <i>Diabetes</i> (sugar) <i>hyperlipidemia</i> (cholesterol)
3	3. <i>Obesity</i> (being overweight)
4	4. <i>Family history</i> (history of disease in family)
5	5. <i>Smoking</i> (tobacco use)
6	6. <i>Alcohol consumption</i> (drinking alcohol)
7	7. <i>Stress</i> (mental pressure)
8	8. <i>Age</i> (getting older)
9	9. <i>Gender</i> (being male or female)
10	10. <i>Ethnicity</i> (being from a particular group of people)
11	11. <i>Medication</i> (drugs)
12	12. <i>Exercise</i> (physical activity)
13	13. <i>Diet</i> (eating habits)
14	14. <i>Sleep</i> (not getting enough rest)
15	15. <i>Genetics</i> (inherited traits)
16	16. <i>Environment</i> (surroundings)
17	17. <i>Work</i> (job stress)
18	18. <i>Relationships</i> (social connections)
19	19. <i>Health status</i> (overall well-being)
20	20. <i>Medical history</i> (past illnesses)
21	21. <i>Current symptoms</i> (present problems)
22	22. <i>Physical examination</i> (doctor's check-up)
23	23. <i>Laboratory tests</i> (blood and urine tests)
24	24. <i>Imaging studies</i> (X-rays, CT scans, etc.)
25	25. <i>Biopsy</i> (removal of tissue for testing)
26	26. <i>Genetic testing</i> (DNA analysis)
27	27. <i>Prognosis</i> (prediction of outcome)
28	28. <i>Quality of life</i> (how well someone is doing)
29	29. <i>Cost of treatment</i> (money spent on care)
30	30. <i>Insurance coverage</i> (health plan benefits)
31	31. <i>Access to care</i> (availability of services)
32	32. <i>Healthcare provider</i> (doctor or nurse)
33	33. <i>Healthcare system</i> (hospital or clinic)
34	34. <i>Healthcare policy</i> (rules and regulations)
35	35. <i>Healthcare research</i> (studies and trials)
36	36. <i>Healthcare education</i> (training for professionals)
37	37. <i>Healthcare innovation</i> (new technologies)
38	38. <i>Healthcare reform</i> (changes in the system)
39	39. <i>Healthcare equity</i> (fairness in care)
40	40. <i>Healthcare sustainability</i> (long-term viability)
41	41. <i>Healthcare transparency</i> (openness in decision-making)
42	42. <i>Healthcare accountability</i> (responsibility for actions)
43	43. <i>Healthcare collaboration</i> (working together)
44	44. <i>Healthcare leadership</i> (guidance and direction)
45	45. <i>Healthcare governance</i> (management and oversight)
46	46. <i>Healthcare regulation</i> (laws and rules)
47	47. <i>Healthcare accreditation</i> (certification of quality)
48	48. <i>Healthcare certification</i> (proof of competence)
49	49. <i>Healthcare licensure</i> (legal permission to practice)
50	50. <i>Healthcare malpractice</i> (wrongdoing by professionals)
51	51. <i>Healthcare litigation</i> (lawsuits)
52	52. <i>Healthcare settlement</i> (agreement to end a lawsuit)
53	53. <i>Healthcare arbitration</i> (dispute resolution outside court)
54	54. <i>Healthcare mediation</i> (facilitating communication)
55	55. <i>Healthcare negotiation</i> (reaching an agreement)
56	56. <i>Healthcare compromise</i> (settling for less than desired)
57	57. <i>Healthcare concession</i> (giving up something)
58	58. <i>Healthcare withdrawal</i> (pulling out of a situation)
59	59. <i>Healthcare exit</i> (leaving a position or organization)
60	60. <i>Healthcare termination</i> (ending a relationship)
61	61. <i>Healthcare dismissal</i> (firing someone)
62	62. <i>Healthcare resignation</i> (quitting a job)
63	63. <i>Healthcare retirement</i> (leaving work for good)
64	64. <i>Healthcare pension</i> (money paid after retirement)
65	65. <i>Healthcare annuity</i> (regular payments over time)
66	66. <i>Healthcare insurance</i> (protection against financial loss)
67	67. <i>Healthcare bond</i> (guarantee of performance)
68	68. <i>Healthcare contract</i> (agreement between parties)
69	69. <i>Healthcare agreement</i> (promise to do something)
70	70. <i>Healthcare promise</i> (commitment to a goal)
71	71. <i>Healthcare pledge</i> (solemn promise)
72	72. <i>Healthcare vow</i> (religious or solemn promise)
73	73. <i>Healthcare oath</i> (promise to follow rules)
74	74. <i>Healthcare affirmation</i> (statement of belief)
75	75. <i>Healthcare declaration</i> (statement of fact)
76	76. <i>Healthcare statement</i> (written or spoken words)
77	77. <i>Healthcare communication</i> (exchange of information)
78	78. <i>Healthcare interaction</i> (contact between people)
79	79. <i>Healthcare relationship</i> (connection between people)
80	80. <i>Healthcare partnership</i> (working together for a common goal)
81	81. <i>Healthcare alliance</i> (agreement between groups)
82	82. <i>Healthcare coalition</i> (group of people working together)
83	83. <i>Healthcare consortium</i> (group of organizations)
84	84. <i>Healthcare network</i> (system of connections)
85	85. <i>Healthcare system</i> (organized structure)
86	86. <i>Healthcare infrastructure</i> (basic facilities and services)
87	87. <i>Healthcare framework</i> (basic structure)
88	88. <i>Healthcare model</i> (way of doing things)
89	89. <i>Healthcare approach</i> (method of dealing with something)
90	90. <i>Healthcare strategy</i> (plan of action)
91	91. <i>Healthcare tactic</i> (method of achieving a goal)
92	92. <i>Healthcare technique</i> (way of doing something)
93	93. <i>Healthcare skill</i> (ability to do something)
94	94. <i>Healthcare talent</i> (natural ability)
95	95. <i>Healthcare aptitude</i> (natural skill)
96	96. <i>Healthcare capability</i> (ability to do something)
97	97. <i>Healthcare capacity</i> (ability to hold or contain)
98	98. <i>Healthcare potential</i> (possibility of becoming something)
99	99. <i>Healthcare possibility</i> (chance of something happening)
100	100. <i>Healthcare opportunity</i> (chance to do something)
101	101. <i>Healthcare prospect</i> (chance of success)
102	102. <i>Healthcare outlook</i> (view of the future)
103	103. <i>Healthcare perspective</i> (way of looking at something)
104	104. <i>Healthcare vision</i> (clear idea of what to do)
105	105. <i>Healthcare mission</i> (purpose or goal)
106	106. <i>Healthcare vision statement</i> (statement of purpose)
107	107. <i>Healthcare mission statement</i> (statement of purpose)
108	108. <i>Healthcare</i>

The patient is a 38 year old patient who presented with a midgut mesenteric metastatic neuroendocrine tumor.

Description of Procedure

The patient was taken to the operating room. The anesthesia team placed an epidural and the patient was positioned supine on the table. General anesthesia was induced. A foley catheter was placed and the patient's left arm was tucked. The patient's abdomen was prepped and draped in a sterile fashion.

A timeout was performed. A 5mm incision was made at Palmer's point and the peritoneal cavity was entered using the optiview technique. Next the abdomen was insufflated to 15mm Hg. The abdominal cavity was

explored and no injuries were noted. Multiple nodules were noticed on the liver and one on the peritoneum. Next Dr. Tabrizian took over for exploratory laparotomy and liver debulking and ablation of metastatic liver masses (see separate operative note).

After the liver debulking was finished, we turned our attention to the small bowel. We ran the bowel from the ligament of Treitz to the ileocecal valve and palpated a mesenteric mass in the ileum mesentery, approximately 8cm large. Next we resected the mesenteric mass and the small bowel supplied by it with 2 80 blue GIA stapler loads. Additional segment of small bowel was resection as a result of poor vascularity . Next, ICG was given by the anesthesia team and the two cut edges of the small bowel were noted to be well perfused using the laparoscopic camera. We then performed a side to side small bowel anastomosis using an 80 blue GIA stapler load. The open edge of the anastomosis was then stapled closed with a TA stapler and the staple line was oversewn with 3.0 silk sutures. The anastomosis was patent. The mesenteric defect was subsequently closed with a 3.0 vicryl suture. The anastomosis was located approximately 300cm from the ligament of Treitz, with 360cm of small bowel remaining.

Next we turned our attention to the gallbladder which was dissected free from the liver bed using electrocautery. The cystic duct and artery were identified and dissected free. They were clipped and separated from the gallbladder which was taken off the field. The cystic duct stump was reinforced with a 2.0 silk tie. Hemostasis was noted.

A 10 Fr JP drain was then placed over the anastomosis and secured in place with a 2.0 silk stitch. The fascia was then closed with two looped 0 PDS sutures. The subcutaneous tissue was irrigated and the wound was closed with staples and dressed with gauze and tape. The patient tolerated the procedure well and was woken up from anesthesia in stable condition.

The attending surgeon was present for and performed or directly supervised all critical portions of the procedure.