

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 NET

Postoperative Diagnosis: Metastatic NET

Procedure: Exploration, debulking of liver lesions,  
resection of partial right and left liver,  
ablations of segment 4 lesions,  
intraoperative US

Anesthesia: GETA

Estimated Blood Loss (in mL): min

Complications: none

Prosthetic devices, transplants, grafts,  
tissues implanted: none

Drains inserted: 1

Condition of patient at conclusion of  
procedure: Stable extubated to PACU

Specimens:						
ID	Type	Source	Tests	Collected by	Time	Destination
A : SEGMENT 1,LIVER FOR BIOREPOSI TORY	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  
V

38M PMH metastatic midgut neuroendocrine tumor (metastatic to liver, mesentery), LAMN s/p resection 6/22/2016 with symptoms of carcinoid syndrome

Here for debulking

Risks/benefits/alternatives explained

All questions answered

Consent obtained

### Description of Procedure

The patient was taken to the operating room, placed supine on the operating table. The patient was prepped and draped in the standard surgical fashion. Antibiotics was given.

The incision was made from xiphoid to below the umbilicus. The falciform ligament was taken down. The Thompson retractor was placed for proper exposure.. The liver was then mobilized. The right triangular ligament was taken down. Using the intraoperative ultrasound, the lesions were all visualized in segments, 1 2, 3, 4, 5, 6, 7 which are compared to the ones seen on the MRI. Using the parenchyma of the lesions in segment 1, 2, 3, 4, 5, 6, 7 were all marked and using the CUSA device, the lesions were enucleated and passed off the table as a specimen. The resection beds were all packed with Gelfoam, thrombin and hemostasis was established. There was no evidence of leak or bleeding at the end of the

. The deeper lesions which were identified on ultrasound in segment 4 were all ablated. The ablation tract was coagulated and ultrasound showed successful ablation of all lesions. There were no complications occurred during the ablation. At this point, the abdominal cavity was thoroughly irrigated

Small lesion < 1 cm were not addressed given the morbidity associated with debulking.

Dr. Divino proceeded with the resection of the primary tumor which was completed without any difficulty, which will be dictated separately. No Pringle was used during this procedure and no blood products were given. The fascia was then closed with a running suture of #1 PDS suture and the skin was closed with staples. I, Dr. Parissa Tabrizian, was present and scrubbed during the liver debulking part. Dr. Celia Divino was present and scrubbed during the first part of the procedure, which will be dictated separately

and Dr. Allen Yu was the assistant surgeon during this procedure.

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