Safe Entry into the abdomen

	Yes	No
Identifies the umbilicus and the ASIS		
Creates at least a 6 cm correctly oriented incision		
Divides the subcutaneous tissue with sharp dissection to expose external oblique aponeurosis		
Follows the direction of the oblique fibres when dividing the aponeurosis/muscle		
Uses safe blunt dissection technique to expose the peritoneum		
Safely enters the peritoneal cavity in a controlled fashion (no inadvertent entry)		

Identifying the appendix

	Yes	No
Identifies and safely delivers the cecum		
Confirms identity of the appendix by identifying the blunt end of the tubular structure		
Confirms identity of appendix by identifying convergence of all three taenia		
Confirms identity of appendix by assessing attachment to base of cecum		
Avoids injury to cecum, appendix, or surrounding structures		

Appendectomy

	Yes	No
Creates a window in the mesoappendix near the base of the appendix		
Atraumatically manages the appendiceal artery		
Places a haemostat proximally and an additional one distally prior to division of appendiceal artery		
Ligates the proximal portion of the appendiceal artery with proper instrument-tie technique (double throw + >= 2 square single throws)		
Ligates the appendix with a free tie prior to dividing		
Suture-ligates the base of the appendix after division		
Stump of the appendix adequate. (between 3mm – 5mm)		
Avoids injury to cecum, appendix, or surrounding structures		

Abdominal Closure

	Yes	No
Inspects tissue for haemostasis		
Places a suction into the pelvis		
Elevates the peritoneum/transversalis fascia to run closed		
Closes the fascial layer(s) with adequate bites and spacing		
Never uses the blunt forceps on the skin		
Completely approximates the skin with interrupted sutures		
Ties all sutures with proper instrument tie technique (double throw + >= 2 square single throws)		