Operative Report

Pre-Operative Diagnosis: Left distal ureteral tumor.

Post-Operative Diagnosis: Left distal ureteral tumor [1].

Operation Performed: Left robot-assisted laparoscopic distal ureterectomy with reimplant [2].

Anesthesia Type: General, Local.

Estimated Blood Loss: Minimal.

Fluids: Crystalloid.

Indications for Procedure: This is a 74-year-old male with an obstructing left distal ureteral tumor. Ureteroscopic biopsy was benign. He also has a much more benign appearing right ureteral tumor that is not obstructing and again the ureteroscopic biopsy was benign [3]. He presents today for left distal ureterectomy and reimplant [4].

Problems:

    (1) Ureteral tumor

    (2) Ureteral obstruction, left

Description of Operation The patient was placed into the low lithotomy position in Trendelenburg and prepped and draped in a sterile fashion. A Foley catheter was placed on the field and left to gravity drainage. A Veress needle was then used periumbilically for laparoscopic access [5]. A supraumbilical 8 mm camera port, 2 right-sided robotic ports, a left midclavicular line assistant port, and left lateral robotic port were then each placed under direct vision. There were no significant intra-abdominal adhesions. The da Vinci robot system was brought in and docked to the ports [6]. A combination of electrocautery and bipolar electrocautery were used throughout the case. A fourth arm was utilized.

The sigmoid colon attachments were divided using the cold robotic scissors and the sigmoid colon was retracted medially. The left ureter was then identified as it crossed the iliac vessels. The ureter was followed below the vas deferens until it could be seen entering into the bladder. The ureter was then doubly clipped above the tumor and divided between the clips. Electrocautery was used to take a circular bladder cuff. The lumen of the bladder was easily identified. The specimen was placed in the Endo Catch bag and removed and sent to pathology for analysis. The bladder cuff was closed in a 2 layered fashion using a 2-0 Vicryl suture. The catheter was then filled with 150 cc of sterile saline and no leak was identified.

The space of Retzius was then entered lateral to the median umbilical ligaments bilaterally. The anterior bladder was then mobilized and the ureter was placed adjacent to the anterior bladder. The distal ureter was excised and sent as a proximal margin. Ureter was then spatulated. An anastomosis performed before between the ureter and the bladder using a stratafix absorbable barbed suture in a tension-free fashion [7]. A 6 French multi-coil double-J stent was left across the anastomosis [8]. The bladder was again refilled with 150 cc of sterile saline and no leak was identified.

At this point, the robot was undocked. The fascia for the 12 mm assistant port was closed using a 0 PDS suture. The skin incisions were closed with 4-0 Vicryl suture [9]. The wounds were dressed with skin glue. The Foley catheter was kept to gravity drainage. All sponge, needle, and instrument counts were correct. The patient tolerated the procedure well and was transferred recovery in satisfactory condition [10].

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[1] Postoperative Diagnosis.

[2] Procedure approach—Robot-assisted Laparoscopy.

[3] Biopsy of ureteral tumor is benign.

[4] Procedure to be performed.

[5] Veress needle is inserted for laparoscopic access.

[6] Robotic surgery is indicative of laparoscopic access.

[7] Ureter anastomosed to the bladder—cystostomy.

[8] Stent placement from a previous surgery.

[9] Robot undocked and incisions closed.

[10] Status of patient at conclusion of procedure.

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What CPT® and ICD-10-CM code(s) are used?

CPT® Code: 50948-LT

ICD-10-CM Codes: D30.22, N13.5

Rationales:

CPT®: Robotic assisted surgery is performed laparoscopically. A stent is placed and ureteral reimplant (anastomosis) is performed. In the CPT® Index see Laparoscopy/Ureter/Ureteroneocystostomy 50947, 50948. A stent is placed after any surgery on the ureter to prevent the ureter from closing after the procedure and in this case was left from the previous surgery. Modifier LT is appended to indicate the procedure was performed on the left side.

ICD-10-CM: Documentation supports an obstructing left distal ureteral tumor with a benign biopsy. In the ICD-10-CM Alphabetic Index look for Tumor see Neoplasm. In the Neoplasm Table find Ureter, and look in the Benign column leading to D30.2-. Verification in the Tabular List shows a fifth character of 2 is needed for the left ureter. D30.22 is correct. Next, look in the Alphabetic Index for Obstruction/ureter leading to N13.5 Crossing vessel and stricture of ureter without hydronephrosis.