Operative Report

PREOPERATIVE DIAGNOSIS: Stress urinary incontinence.

POSTOPERATIVE DIAGNOSIS: Stress urinary incontinence [1].

PROCEDURES:
1. Tension-free vaginal tape (pubovaginal sling).
2. Cystoscopy.

ANESTHESIA: General.

ESTIMATED BLOOD LOSS: Less than 100 mL.

COMPLICATIONS: Bladder perforation.

SPECIMENS TO PATHOLOGY: None.

DRAINS: Urethral catheter.


DESCRIPTION OF PROCEDURE: The patient was taken to the operating room, given intravenous antibiotics and sequential compression devices were placed on her legs. She was placed under general anesthesia without incident. She was placed in lithotomy position and her arms and legs were carefully padded. She was prepped and draped in the usual fashion. TVT trocar exit site incisions were marked just above the symphysis 2 cm lateral from the midline. The anterior vagina and suprapubic sites were injected with dilute local anesthetic solution. A Foley catheter was placed. The mid-urethra was identified. The anterior vagina was incised over the mid urethra [4]. The epithelium was sharply dissected away from the underlying urethra until the inferior edge of the symphysis was reached.

After ensuring that the bladder was drained, the Foley was removed and the TVT guide was placed and deviated to the patient’s left. The trocar was placed to the left of the urethra under the symphysis into the retropubic space and out of the described incision. This was repeated on the patient’s right. With both trocars in place, cystourethroscopy was done. This revealed perforation of the right trocar slightly into the bladder mucosa. Therefore, the bladder was re-drained. This trocar was removed and was replaced. Cystourethroscopy [5] was done and revealed that the mucosal perforation sites were not bleeding and this trocar was in the appropriate position lateral to the bladder. The trocars were delivered. The sling was carefully positioned at the mid-urethra with care to avoid excessive tension. The sling was trimmed after removing the plastic sheathing [6]. The suprapubic incisions were closed with Dermabond. The vaginal incision was closed with 3-0 Vicryl. The patient tolerated the procedure well and was taken to the recovery room in stable condition.

[1] Postoperative diagnosis provided.
Identifies the positioning of the sling.

What are the CPT® and ICD-10-CM codes reported?

CPT® Code: 57288

ICD-10-CM Code: N39.3

Rationales:

CPT®: The report describes an open sling operation for a 66 year-old female patient. The anterior vagina was incised over the mid urethra describes an open approach. The positioning of the sling was performed at the mid-urethra and the incisions were closed. The cystoscopy and cystourethroscopy portions of the procedure are inclusive and not code separately.

In the CPT Index locate Sling Operation/Vagina. This refers you to the codes 57287–57288. A review of the codes determines 57288 is the correct code for a sling operation for stress incontinence. Code as 57287 is used for the removal of the sling.

There was a diagnostic cystoscopy prior to the procedure to determine if there were any lesions and a cystourethroscopy at the end of the procedure to check for bleeding. Code 52000 (Cystourethroscopy) has the designation of a separate procedure and based on coding guidelines, is not coded separately.

ICD-10-CM: In the ICD-10-CM Alphabetic Index, locate Incontinence/stress (female) (male) and you're directed to N39.3. The Tabular List verifies N39.3 is used female stress incontinence. If there were a documented diagnosis of an overactive bladder, code N32.81 would be coded in addition to N39.3.

ICD-9-CM Application

What ICD-9-CM code(s) is/are reported?

ICD-9-CM Code: 625.6

Rationale: In the ICD-9-CM Alphabetic Index, locate Incontinence/stress (female) and you're directed to 625.6. The Tabular List verifies 625.6 is the correct code for female stress incontinence.