
Documentation Dissection

Exercise #1

Preoperative Diagnosis:

1. Complete uterine prolapse

Postoperative Diagnosis:

1. Complete uterine prolapse ^[1]

Procedures:

1. Anterior and posterior colporrhaphy ^[2]

Findings: A thick hypertrophic ulcerated cervix was noted. The adnexa were small and atrophic. A complete prolapse of the uterus with cystocele and rectocele.

Operation: The patient was taken to the operating room and placed in lithotomy position while awake. The patient was then placed under general anesthesia. An exam under anesthesia was done with the findings of a complete prolapse ^[3] with ulcerations posteriorly.

The vagina and perineum was prepped in the usual sterile fashion ^[4]. A weighted speculum was placed posteriorly and the vagina was retracted anteriorly with a Sims retractor. At the 10 and 2 o'clock positions, at the cervicovaginal mucosal junction, vaginal mucosa was grasped with an Allis clamp and intervening tissue excised. The vagina was then opened in the midline to within a centimeter of distal urethral meatus. The bladder was then sharply dissected free from the overlying vaginal mucosa. Pubovesical cervical fascia was identified and an initial suture at the urethrovesical angle was placed using 0-Vicryl in a transverse position through that fascial plane. The remainder of the cystocele was reduced with several interrupted 0-Vicryl. Redundant vaginal tissue was excised and the vagina closed in midline with simple and figure-of-eight 0-Vicryl ^[5].

The bladder was then retracted superiorly. The hymenal ring was grasped at the 4 and 8 o'clock positions. A triangular incision was made to within a centimeter of the anus. The intervening tissue was excised. The vagina was then opened in the midline to within a centimeter of the cervix. An anchoring suture was placed superiorly. The perineal body was freed and the rectum freed from the overlying vagina. Three perineal sutures were placed at this point using 0-Vicryl for eventual reapproximation. Perirectal fascia was then transversely sutured in the midline with several interrupted 0-Vicryl for reinforcement ^[6].

Redundant vaginal mucosa was excised and the vagina closed in the midline in simple fashion with 0-Vicryl, grasping the fascia. Perineal sutures were then tied and the remaining perineal body re-approximated with several interrupted 3-0 Vicryl. Rectal exam was negative. Bleeding point was noted anteriorly, which was sutured with 3-0 Vicryl. A Foley catheter drained approximately 30 mL of clear urine. Rectal examination was negative. No packing was placed. The patient tolerated the procedure well. The patient was sent to recovery in good condition.

^[1] Diagnosis is complete uterine prolapse.

^[2] Planned procedure is an anterior and posterior colporrhaphy.

^[3] Confirmation of complete prolapse.

^[4] Confirmation of vaginal approach.

^[5] Repair of the cystocele; the anterior colporrhaphy.

^[6] Repair of the rectocele; the posterior colporrhaphy.

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

CPT® Code: 57260

ICD-10-CM Code: N81.3

Rationales:

CPT®: For the anterior and posterior repair, in the CPT Index, locate Colporrhaphy/Anterioposterior, which refers to 57260–57265. Referring back to the surgical section, 57260 is confirmed.

ICD-10-CM: For the complete uterine prolapse, in the ICD-10-CM Index, locate Prolapse/uterus (with prolapse of vagina)/complete, which refers to N81.3. After verification in the Tabular List, N81.3 Complete uterovaginal prolapse is the correct code.
