Anal Surgery and Colon and Rectal Surgery

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Surgery of the Anus

- Hemorrhoids
- Fistula
- Fissure
- Abscess
Hemorrhoid

Internal or External 1-3 columns

Internal
• Band or Suture
• Chemical or Burn
• Excise or staple

External
• Thrombosed incise and excise clot
• Excise
Hemorrhoid/Definition

**Internal inside anal canal**
above dentate or pectinate line
Can remove 1 2 or 3 columns
Graded 1-4
  • if grade one and grade two can only see with anoscope
  • if grade 3 or 4 can only see outside external

**External outside anal canal**
below dentate or pectinate line
Can represent a completely independent lesion
or can be the extension of an internal

**Thrombosed clot** independent
• Excise remove
• Incise drain
Anus No Pathology

- For injection of hemorrhoid(s), use 46500.
- For destruction of internal hemorrhoid(s) by thermal energy, use 46930.
- For destruction of hemorrhoid(s) by cryosurgery, use 46999.

Anus No Pathology

- For incision of thrombosed external hemorrhoid, use 46083 and excision of the clot 46320 No Pathology.
- For ligation of internal hemorrhoid(s) see 46221 rubber band No pathology, 46945, 46946 suture No Pathology.
Anus Pathology

- For excision of internal and/or external hemorrhoid(s), see 46250 external 2 or more columns, 46255 internal and external, 46260 internal and external 2 or more columns, 46262 hemorrhoid, fissure and fistula Pathology
- For hemorrhoidopexy, stapler used use 46947.Pathology

Anal Fistula - Classification

A – Subcutaneous
B – Intersphincteric
C – Low Transsphincteric
D – High Transsphincteric
E – Extrasphincteric
F – Supra-sphincteric

Fistulotomy
Seton
Fistula (Definition: Tunnel)

- Fistulectomy remove the tunnel
- Fistulotomy with Biopsy of fistula track open or intubate tunnel –otomy to cut or to separate
- Seton placement place drain in tunnel
- Anal advancement flap cover one end of tunnel
- Ligation Internal Fistula Track LIFT tie off one end of tunnel
- Plug placement glue placement block off end

Location
- Anal, intersphincteric (fissure), other sphincteric

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Anus Fistula

- 46020 Placement of seton
- 46258 one hemorrhoid, fistula and fissure
- 46262 two or more hemorrhoids, fistula and fissure
Anus Fistula

- 46258 Hemorrhoidectomy, internal and external, single column/group with fistulectomy, including fissurectomy, when performed
- 46262 Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fistulectomy, including fissurectomy, when performed
- 46270 Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous
  - 46275 intersphincteric
  - 46280 transsphincteric, suprasphincteric, extrasphincteric or multiple, including placement of seton, when performed
- 46285 second stage
- 46288 Closure of anal fistula with rectal advancement flap

Treatment Algorithm for Anal Fistulae

1. Fistulae → Fistulotomy → Success rate 99% in correctly Selected fistulae
   - Seton placement 2 or 3 in the same track or tracks
   - Control Diarrhea Fiber 30gms/day and Probiotics
     - Wait one month or until diarrhea controlled

2. Surgery → Fistulotomy → Gore plug → Success 67%
   - Seton and correct diarrhea

3. Success rate 99% in correctly Selected fistulae

4. Gore plug → Gore plug → Success 50%
   - LIFT
   - Seton
GORE® BIO-A® Fistula Plug

- Robust device placement
- Engineered to conform to the fistula tract and reduce failure due to fall-out
- One configuration tailorable to fit most fistula shapes and sizes
- 100% bioabsorbable scaffold facilitates tissue generation and healing

Images: W.L. Gore & Associates

Fissure (Tear)

- Fissurectomy Only done for chronic fissure involves removal of scar which usually is a heaping of tissue called a sentinel pile often inside and outside
- Sphincterotomy division of only the internal anal sphincter not the external can be done open or closed
- Chemodenervation Botox®
Anus/Fissure

- 46500 Injection of sclerosing solution, hemorrhoids (RARE)
- 46505 Chemodenervation of internal anal sphincter (BOTOX®)
Anus/Exicison

- 46200 Fissurectomy, including sphincterotomy, when performed
- 46221 Hemorrhoidectomy, internal, by rubber band ligation(s)
- 46945 Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group
- 46946 2 or more hemorrhoid columns/groups

Anus/Fissure

- 46220 Excision of single external papilla or tag, anus
- 46230 Excision of multiple external papillae or tags, anus
- 46257 Hemorrhoidectomy, internal and external, single column/group; with fissurectomy
- 46261 Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fissurectomy
Abscess

- Incision and drainage superficial anus
- Incision and drainage with visible sphincter rectum
- Incision and drainage with levator muscle pelvis
Anus /Repair

- 46706 Repair of anal fistula with fibrin glue
- 46707 Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])
- 46760 Sphincteroplasty, anal, for incontinence, adult; muscle transplant
- 46761 levator muscle imbrication (Park posterior anal repair)
- 46762 implantation artificial sphincter
- 46947 Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling

Anus /Repair

- fibrin glue injected into fistula
- Fistula with plug - two plugs one porcine one glycopyrolate
- Sphincteroplasty dissect out external sphincter muscle and wrap it over itself done alone not usually associated with hemorrhoids, fistula or fissures
- Levator muscle imbrication (Park posterior anal repair) similar to sphincteroplasty but in the back -only done with prolapse surgery not alone
- Implantation artificial sphincter only procedure done alone
- Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling can include removal of external hemorrhoids
Anus/Destruction

- 46930 Destruction of internal hemorrhoid(s) by thermal energy (e.g., infrared coagulation, cautery, radiofrequency)
- **Destruction**
- 45190 Destruction of rectal tumor (e.g., electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach

Surgery of the Rectum

- Rectal Tumors benign, malignant, CIS
- Rectal Prolapse benign, CIS
- Mucousal Prolapse benign, CIS
- Rectal abscess benign
- Retrorectal Tumors benign malignant
- Coloanal anastomosis
- Proctectomy Abdominal vs Perineal benign and malignant
Surgery of the Rectum

Excision
• 45160 Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach
• (For transanal endoscopic microsurgical [ie, TEMS] excision of rectal tumor, use 0184T)
• 45171 Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)
• 45172 including muscularis propria (ie, full thickness)

Destruction
• For destruction of rectal tumor, transanal approach, use 45190
Surgery of the Rectum

Proctotomy via anus (most common), transsacral or transcoccygeal approach
Transsacral rare rare rare
Transcoccygeal somewhat common removal of tailbone or coccyx is a must
transanal endoscopic microsurgical [ie, TEMS] excision of rectal tumor, usually requires special equipment not just anoscope
Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness) no need to close including muscularis propria (ie, full thickness) will need to close (not always)
Surgery of the Colon

- Laparoscopic all incisions 10mm or less
- Laparoscopic Assisted one incision large for removal of specimen
- Robotic all incision less than 10mm
- Robotic Assisted one incision for removal of specimen
- Open no monitors no cameras no insufflation
Surgery of the Colon

- Partial Colectomy any part of colon
- Total Abdominal colectomy all of colon
- Total Abdominal and Proctocolectomy both colon and rectum
- Ileal Pouch Anal Anastmosis usually rectum will need to be removed first then the pouch formation
- Primary Anastmosis hand sewn or stapled
- Diverting Loop ileostomy
- Colostomy
- Colovesical, colovaginal, colocutaneous fistula
Colonoscopy

- Complete vs Incomplete
- Polypectomy Forcep vs Snare
- Piecemeal removal
- Elevations with injection
- Injections saline vs india ink
- Endoclip placement for marking or bleeding
- Chemical or Cautery Ablation
- Dilation and Stent
Thank You

Questions?

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