Anal Surgery and Colon and Rectal Surgery

Elizabeth J. McConnell MD FACS FASCRS

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

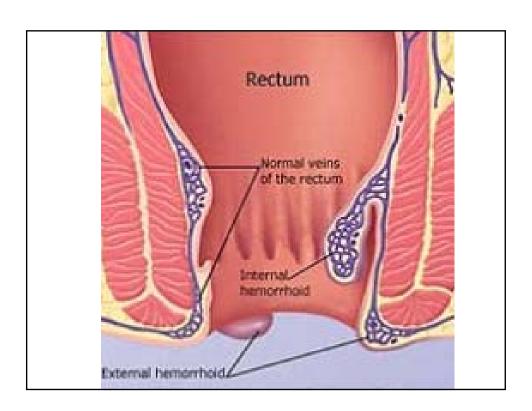
- if grade one and grade two can only see with anoscope
- if grade 3 or 4 can only see outside external

External outside anal canal

below dentate or pectinate line can represent a completely independent lesion or can be the extension of an internal

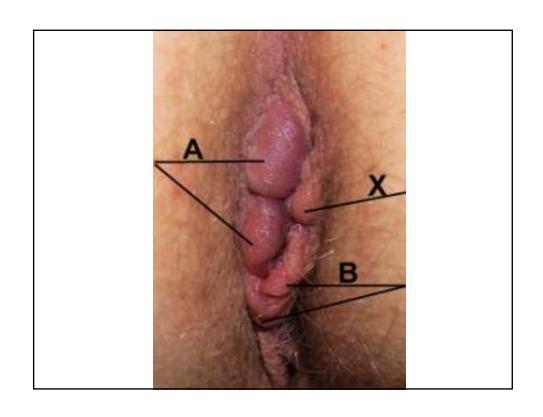
Thrombosed clot independent

- Excise remove
- Incise drain











Anus No Pathology

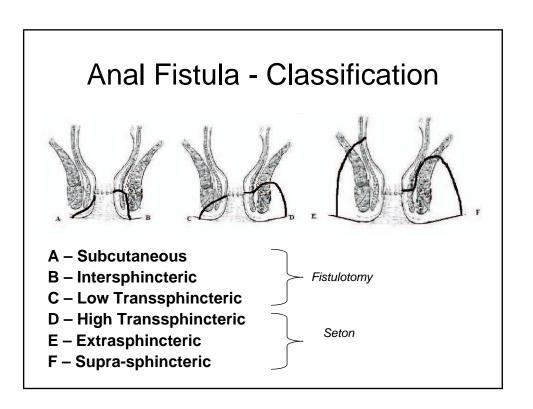
- For injection of hemorrhoid(s), use 46500.
- For destruction of internal hemorrhoid(s) by thermal energy, use 46930.
- For destruction of hemorrhoid(s) by cryosurgery, use 46999.

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.

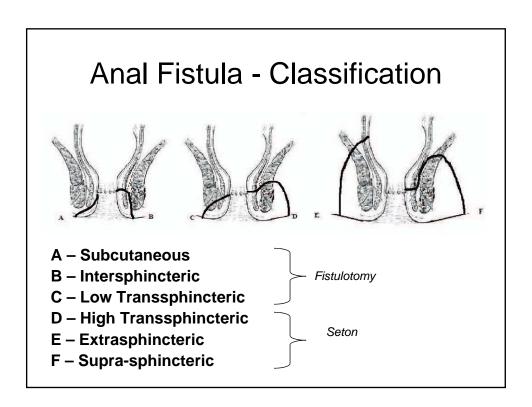
Anus Pathology

- 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



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 tunnell
- Plug placement glue placement block off end Location
- Anus, intersphincteric (fissure), other sphincteric



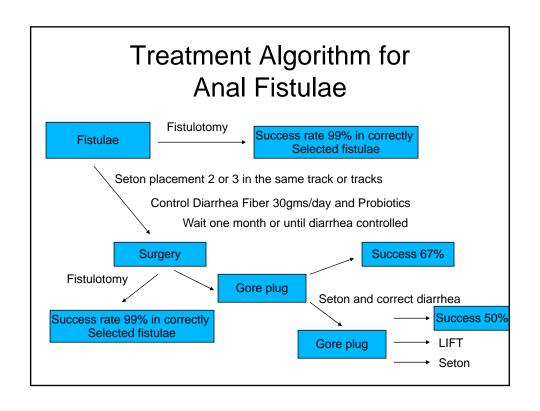


Anus Fistula

- 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



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

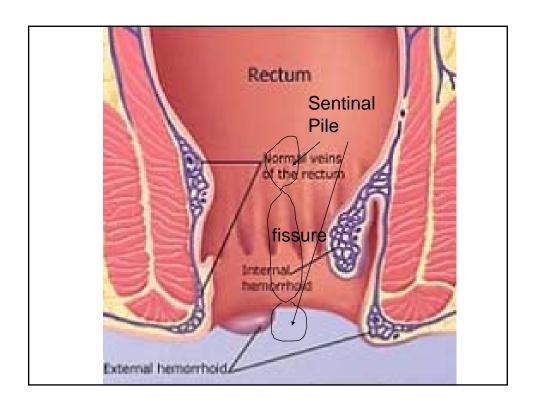




Images: W.L. Gore & Associates

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

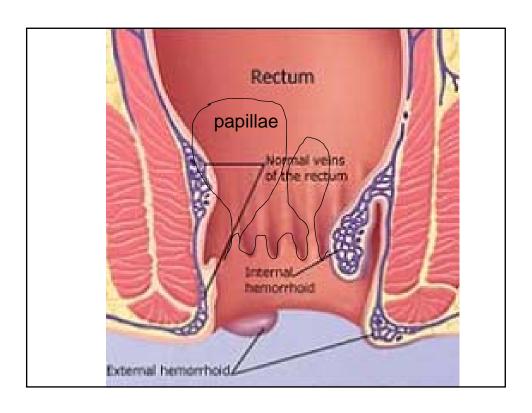
- 46500 Injection of sclerosing solution, hemorrhoids (RARE)
- 46505 Chemodenervation of internal anal sphincter (BOTOX®)

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

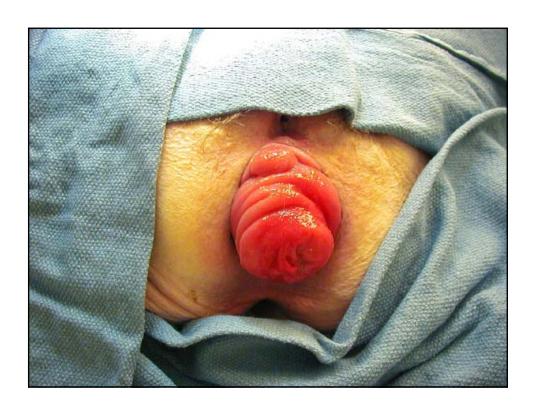
- fibrin glue injected into fistula
- Fistula with plug two plugs one porcine one glycopyrolate
- Sphincteroplasty dissect out external sphincter muscle and wrap it over itself done alone not usually associated with hemorrhoids, fistula or fissures
- Levator muscle imbrication (Park posterior anal repair) similar to sphicteroplasty 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 (eg, infrared coagulation, cautery, radiofrequency)
- Destruction
- 45190 Destruction of rectal tumor (eg, 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



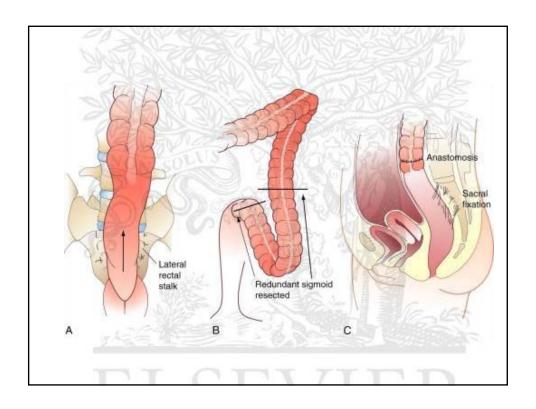
Surgery of the Rectum

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, partialthickness)
- 45172 including muscularis propria (ie, full thickness)

Destruction

 For destruction of rectal tumor, transanal approach, use 45190



Surgery of the Rectum

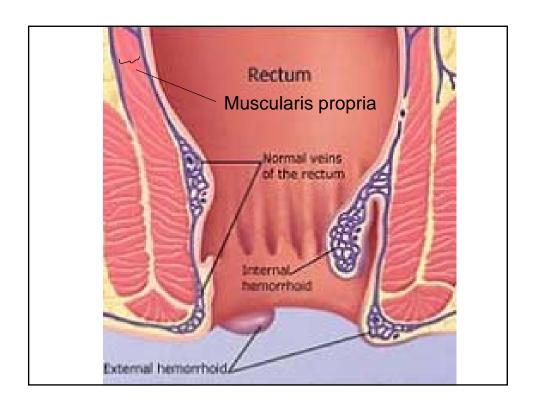
Proctotomy via anus (most common), transsacral or transcoccygeal approach

Transsacral rare rare rare

Transcoccygeal somewhat common removal of tailbone or coccyx is a must

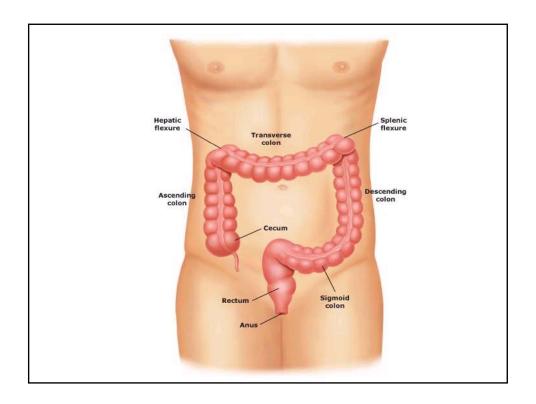
transanal endoscopic microsurgical [ie, TEMS] excision of rectal tumor, usually requires special equipment not just anoscope

Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partialthickness) no need to close including muscularis propria (ie, full thickness) will need to close (not always)



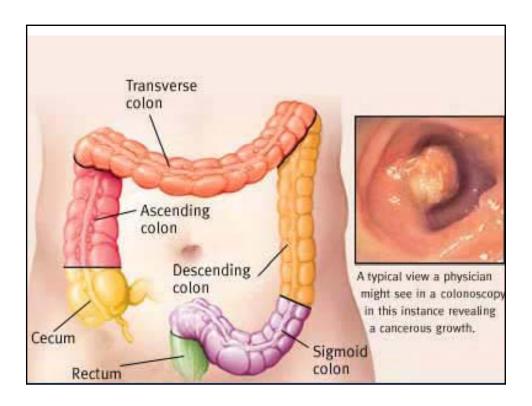
Surgery of the Colon

- 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 insuflation



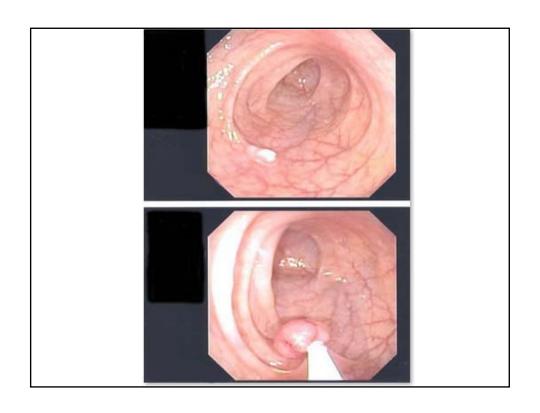
Surgery of the Colon

- · 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?

CEU Code: LB1148