

GYNAECOLOGY AUDIT FORM 2019

I. Principles in coding diagnosis

1. If an operation was performed on the patient, the pathological diagnosis should be coded. If an operation was not performed, the MOST PROBABLE clinical diagnosis should be coded.
2. Significant changes in the diagnosis noted after the audit form had been filled can be amended by submitting a second audit form marked with the patient's name, I.D. number, date of admission, the correct diagnosis code and remark" AMENDED FORM'
3. Minor incidental finding which was asymptomatic and did not require treatment SHOULD NOT be coded.
4. Non-gynaecological conditions which were not related to the cause of admission SHOULD NOT be coded.
5. Cases of malignancy should be denoted as NEW or OLD case for each episode of hospitalization.
6. Complications which occurred as a result of treatment in the same unit should be coded separately from complications of treatment performed in another unit.

II. Definition of diagnosis

1. Disseminated malignancies and the primary site could not be confirmed, the diagnosis would be coded as L2.
2. For diagnoses under Disorders of Menstruation, known causes should be coded as well if found.
3. Primary amenorrhoea should be coded as I3 and secondary amenorrhoea (duration of amenorrhoea more than 6 months) as I4 irrespective of the cause. If there was a known cause, it should also be coded e.g. primary amenorrhoea due to vaginal atresia should be coded as I3 and B3; secondary amenorrhoea due to tuberculous endometritis should be coded as I4 and D5.
4. Postmenopausal bleeding is defined as genital tract bleeding occurred 1 year after the last menstrual period. If there is an organic cause, it should also be coded as well, e.g post-menopausal bleeding with endometrial polyp should be coded as I6 and D10.
5. Genital warts should be quoted as infection of the organ involved, e.g. vulval warts should be coded as A5 and cervical warts as C5
6. Dysfunctional uterine bleeding is defined as heavy, prolonged or frequent bleeding of uterine origin in the absence of demonstrable pelvic disease, complications of pregnancy or systematic disease. Menorrhagia is defined as heavy and prolonged menstruation at regular intervals.

Diagnosis

- A. Diseases of Vulva, Perineum and Urethra
 - 2. Miscellaneous
 - 3. Congenital abnormality
 - 4. Trauma
 - 5. Infection (including Bartholin's abscess)
 - 6. Benign neoplasm (including Bartholin's cyst)
 - 7. Malignant neoplasm
 - 8. Retention cyst
 - 9. Vulval dystrophy (hypertrophic or non-hypertrophic dystrophy, intraepithelial neoplasia)
 - 10. Urethral lesions

- B. Diseases of Vagina
 - 2. Miscellaneous
 - 3. Congenital abnormality
 - 4. Trauma (excluding fistula)
 - 5. Infection
 - 6. Benign neoplasm
 - 7. Malignant neoplasm
 - 8. Retention cyst
 - 9. Fistula
 - 10. Intraepithelial neoplasia
 - 11. Atrophic vaginitis

- C. Diseases of Uterine Cervix
 - 2. Miscellaneous
 - 3. Congenital abnormality
 - 4. Trauma
 - 5. Infection
 - 6. Benign neoplasm including polyp
 - 7. Carcinoma of cervix
 - 8. Other malignant neoplasm
 - 9. Intraepithelial neoplasia

- D. Diseases of Uterine Body
 - 2. Miscellaneous
 - 3. Congenital abnormality
 - 4. Trauma including perforation of uterus
 - 5. Infection
 - 6. Fibromyoma
 - 7. Carcinoma of corpus uteri
 - 8. Other malignant neoplasm
 - 9. Myohyperplasia of uterus
 - 10. Endometrial polyp
 - 11. Adenomyosis
 - 12. Hyperplasia of endometrium

13. Atrophic endometritis

E. Diseases of Fallopian Tubes

2. Miscellaneous
3. Acute pelvic inflammatory disease (acute salpingitis, acute salpingo-oophoritis, pyosalpinx and tubo-ovarian abscess)
4. Chronic pelvic inflammatory disease (chronic salpingitis, chronic salpingo-oophoritis, hydrosalpinx and tubo-ovarian cyst)
5. Tuberculous salpingitis
6. Benign neoplasm including para-tubal and fimbrial cysts
7. Malignant neoplasm

F. Diseases of Ovary

2. Miscellaneous
3. Retention cysts, follicular / corpus luteal cyst
4. Endometriotic cyst
5. Benign ovarian tumour / cyst
6. Primary malignant neoplasm – epithelial
7. Primary malignant neoplasm – non-epithelial
8. Secondary malignant neoplasm
9. Borderline malignant neoplasm
10. Dermoid cyst
11. Polycystic ovarian disease / syndrome

G. Diseases of Broad Ligaments and Pelvic Peritoneum

2. Miscellaneous
3. Pelvic endometriosis, including utero-sacral endometriosis
4. Paraovarian cyst
5. Peritoneal carcinoma
6. Recto-vaginal endometriosis
7. Bowel endometriosis

H. Genital displacement / Urinary Disorders

2. Miscellaneous
3. Prolapse of uterus
4. Anterior vaginal wall prolapse (Cystocele, urethrocele, paravaginal defect)
5. Posterior vaginal wall prolapse (enterocele, rectocele perineal deficiency)
6. Vault prolapse
7. Genuine stress incontinence/Stress urinary incontinence/ Urodynamic stress incontinence
8. Detrusor instability/Overactive bladder/Detrusor overactivity
9. Detrusor hyperreflexia
10. Sensory urgency
11. Voiding difficulty
12. Other urinary disorders

- I. Disorders of Menstruation (*Causes should be coded as well if found*)
 - 2. Miscellaneous
 - 3. Primary amenorrhoea
 - 4. Secondary amenorrhoea
 - 5. Dysfunctional uterine bleeding
 - 6. Postmenopausal bleeding
 - 7. Dysmenorrhoea
 - 8. Menorrhagia

- J. Disorders of Pregnancy & Reproduction
 - 2. Miscellaneous
 - 3. Subfertility
 - 4. Vomiting in pregnancy
 - 5. Threatened miscarriage
 - 6. Spontaneous / Silent / Incomplete miscarriage
 - 7. Complete hydatidiform mole
 - 8. Partial hydatidiform mole
 - 9. Residual trophoblastic disease
 - 10. Metastatic malignant trophoblastic neoplasia, chorioepithelioma, placental site trophoblastic tumour
 - 11. Secondary postpartum haemorrhage
 - 12. Other postpartum complications
 - 13. Tubal ectopic pregnancy
 - 14. Conditions leading to termination of pregnancy – 1st trimester (≤ 12 weeks)
 - 15. Conditions leading to termination of pregnancy – 2nd trimester (> 12 weeks)
 - 16. Conditions leading to sterilization/tubal occlusion
 - 17. Pregnancy after sterilization/tubal occlusion
 - 18. Conditions leading to tubal reversal
 - 19. Failed/Incomplete miscarriage after medical abortion/evacuation
 - 20. Non-tubal ectopic pregnancy
 - 21. Ovarian hyperstimulation syndrome

- K. Disease Complications in Pregnancy
 - 2. Benign neoplasm of genital tract
 - 3. Malignant neoplasm of genital tract
 - 4. Medical disease
 - 5. Surgical disease
 - 6. Non-specific abdominal pain complicating pregnancy

- L. Miscellaneous Gynaecological Conditions
 - 2. Miscellaneous
 - 3. Retained IUCD
 - 4. Abdominal or pelvic pain of unknown cause
 - 5. Complication of previous treatment / procedure performed in the same unit (outpatient or inpatient)
 - 6. Complication of previous treatment / procedure performed outside the unit
 - 7. Translocated IUCD

- M. Miscellaneous Conditions
1. No disease identified
 2. Miscellaneous
 3. Diseases of breasts
 4. Diseases of urinary tract
 5. Diseases of gastrointestinal tract
 6. Diseases of cardiovascular system
 7. Diseases of respiratory system
 8. Diseases of central nervous system
 9. Diseases of endocrine
 10. Diseases of blood
 11. Diseases of skin / musculoskeletal system

III. Coding for operations / treatment

1. Coding for Major Abdominal Operations for "Benign and Pre-malignant Conditions" and that for "Malignant Conditions" are combined.
2. Laparoscopic and hysteroscopic procedures are separately coded.
3. All operative procedures should be coded e.g. salpingectomy after diagnostic laparoscopy should be coded as B33 and A13.
4. Medical treatment for ectopic pregnancy using methotrexate should be coded as K7. If subsequent surgery (e.g. laparoscopic salpingectomy) is also required, the exact procedure should also be quoted (K7 and B13).
5. Medical treatment for miscarriage using prostaglandins should be coded as K5. If subsequent evacuation of uterus is also required, the treatment should be quoted as K5 and I5.
6. Dilatation and Curettage (D&C) or obtaining endometrium with a curette should be quoted as I3. Any other form of endometrial biopsy using special designed device such as endometrial sampler or Vabra aspirator should be quoted as I10.
7. Salpingo-oophorectomy, oophorectomy or salpingectomy performed at the time of hysterectomy should be quoted separately.
8. Debulking operation (A24) is defined as removal of gross tumour from sites other than uterus, tubes and ovaries (i.e. beyond a hysterectomy and salpingo-oophorectomy). Removal of tumour bulk in POD in addition to a TAHBSO should be coded as A24, A3 & A12. Omentectomy (A27) for gross tumour in the omentum however should be coded as both B7 & A27.
9. For laparoscopic surgery for endometriosis, if the disease, including ovarian cyst wall, is cauterised with electrosurgery or vapourised with laser, it should be coded as laparoscopic ablation of endometriosis (B20). If the disease is excised, it should be coded as laparoscopic resection of endometriosis (B22) or laparoscopic ovarian cystectomy in case of endometriotic cyst (E14).
10. For laparoscopic hysterectomy, **TLH (B3a)** (Total laparoscopic hysterectomy) refers to entire operation performed laparoscopically, including suturing of the vaginal vault. **LAVH (B3b)** (Laparoscopic-assisted vaginal hysterectomy) refers to a combined laparoscopic and vaginal approach with division of uterine artery performed vaginally. **LHa (B3c)** (Laparoscopic hysterectomy) refers to a combined

laparoscopic and vaginal approach with laparoscopic division of the uterine artery; the remainder of the procedure is completed vaginally.

11. Robotic assisted surgery is considered as laparoscopic surgery and should be coded as B1 together with the exact procedure performed. For example, robotic assisted radical hysterectomy and pelvic lymph node dissection should be coded as B1, B6, B25.
12. If LNG-LUS is inserted for treatment of menorrhagia, adenomyosis or endometriosis, i.e, for non-contraceptive purpose, it should be coded as I12. However, if LNG-LUS is inserted for contraceptive purpose, it should be coded as I11.

Treatment

A. Major Abdominal Operations (Laparotomy)

2. Miscellaneous
3. Total hysterectomy
4. Subtotal hysterectomy
5. Extended hysterectomy
6. Radical hysterectomy
7. Myomectomy
8. Adenomyomectomy
9. Trachelectomy
10. Ovarian cystectomy / excision of ovarian lesions
11. Oophorectomy
12. Salpingo-oophorectomy
13. Salpingectomy
14. Salpingotomy / Salpingostomy
15. Neo-salpingostomy
16. Tubal re-anastomosis
17. Excision of para-ovarian / paratubal / fimbrial cysts
18. Adhesiolysis
19. Drainage of pelvic abscess
20. Ablation of endometriosis
21. Resection of pelvic endometriosis
22. Resection of bowel endometriosis
23. Pelvic exenteration
24. Debulking operation
25. Pelvic lymphadenectomy / lymph node sampling
26. Para-aortic lymphadenectomy / lymph node sampling
27. Omentectomy
28. Surgery for genital prolapse
29. Surgery for stress incontinence
30. Repair of urinary fistulae
31. Ureteric repair / reimplantation
32. Bowel resection /anastomosis / stoma
33. Laparotomy alone +/- biopsy

B. Laparoscopic Operations (including Robotic assisted)

1. Robotic surgery (the exact procedures need to be coded as well)
2. Miscellaneous
3. Total hysterectomy
 - a. TLH (Total laparoscopic hysterectomy)
 - b. LAVH (Laparoscopic-assisted vaginal hysterectomy)
 - c. LHa (Laparoscopic hysterectomy)
4. Subtotal hysterectomy
5. Extended hysterectomy
6. Radical hysterectomy
7. Myomectomy
8. Adenomyomectomy
9. Trachelectomy
10. Ovarian cystectomy / excision of ovarian lesions
11. Oophorectomy
12. Salpingo-oophorectomy
13. Salpingectomy
14. Salpingotomy / Salpingostomy
15. Neo-salpingostomy
16. Tubal re-anastomosis
17. Excision of para-ovarian / paratubal / fimbrial cysts
18. Adhesiolysis
19. Drainage of pelvic abscess
20. Ablation of endometriosis
21. Resection of pelvic endometriosis
22. Resection of bowel endometriosis
23. Pelvic exenteration
24. Debulking operation
25. Pelvic lymphadenectomy / lymph node sampling
26. Para-aortic lymphadenectomy / lymph node sampling
27. Omentectomy
28. Surgery for genital prolapse
29. Surgery for stress incontinence
30. Repair of urinary fistulae
31. Ureteric repair / reimplantation
32. Bowel resection /anastomosis / stoma
33. Diagnostic laparoscopy +/- biopsy +/- chromotubation
34. Laparoscopic ovarian drilling
35. Laparoscopic myolysis
36. Laparoscopic tubal occlusion/sterilization

C. Major Vaginal Operations

2. Miscellaneous
3. Surgery for urinary incontinence
4. Vaginal hysterectomy
5. Repair of prolapse without using mesh
6. Repair of prolapse using mesh

7. Repair of vault prolapse
8. Vaginal myomectomy
9. Vaginectomy
10. Vaginal stripping
11. Vaginal reconstruction
12. Repair of urinary fistulae
13. TVT-O/TVT/TOT

D. Major Vulval Operations

2. Miscellaneous
3. Radical vulvectomy
4. Simple vulvectomy
5. Wide local excision
6. Groin node dissection

E. Hysteroscopic Procedures

2. Miscellaneous
3. Diagnostic hysteroscopy
4. Proximal tubal cannulation
5. Endometrial resection / ablation
6. Hysteroscopic polypectomy
7. Hysteroscopic myomectomy
8. Hysteroscopic division of uterine septum
9. Hysteroscopic division of adhesion

F. Colposcopy Related Procedures

2. Miscellaneous (including cervical biopsy)
3. Cervical cautery / cryotherapy / cold coagulation
4. Laser vaporization of cervical / vaginal / vulval lesions
5. Laser cone
6. Loop electro-surgical excision procedure (LEEP)
7. Cone biopsy

G. Assisted Reproduction Procedures

2. Miscellaneous
3. Ultrasound guided oocyte retrieval
4. Laparoscopic oocyte retrieval
5. Gamete intrafallopian transfer
6. Pronuclear stage tubal transfer
7. Fresh embryo transfer
8. Frozen-thawed embryo transfer
9. Controlled ovarian hyperstimulation
10. Intrauterine insemination
11. Intra-cytoplasmic sperm injection

H. Minor Abdominal Operation

2. Miscellaneous
3. Tubal ligation /occlusion

4. Resuturing of abdominal wound
 5. Removal of abdominal/pelvic translocated IUCD
- I. Other Minor Operations
2. Miscellaneous
 3. Diagnostic curettage (including avulsion of polyp)
 4. Therapeutic abortions (suction evacuation)
 5. Evacuation of retained products of conception (including suction evacuation of silent / incomplete miscarriage, post-medical evacuation)
 6. Marsupialization
 7. Cervical cerclage
 8. Other minor vulval operations (including evacuation of vulval haematoma, vulval biopsy)
 9. E.U.A.
 10. Endometrial biopsy
 11. Insertion / Removal of IUCD
 12. Insertion of LNG-IUS for non-contraceptive purpose
- J. Radiotherapy
2. Miscellaneous
 3. Intracavitary radium / cesium
 4. External irradiation
- K. Other Forms of Treatment
2. Miscellaneous
 3. Observation and investigation
 4. Antibiotic as primary treatment
 5. Prostaglandins
 6. Hormones (O.C. progestogens, danazol, GnRH α)
 7. Chemotherapy
 8. Other medication
 9. Pre-anaesthetic assessment
 10. Uterine artery embolization
 11. High intensity / focused ultrasound therapy