The Hong Kong College of Obstetricians and Gynaecologists

OG AUDIT
GUIDELINES FOR CODING
(2019 Version)

GENERAL INSTRUCTIONS

Study period for 2019 audit:

1 January 2019 to 31 December 2019

Cases for audit:

OBSTETRIC	- All deliveries with date of delivery within the study period
GYNAECOLOGY	- All episodes of hospitalization with date of admission within the study period

IMPORTANT : **Patient's I.D. number must be entered. The last two characters may be omitted eg. A12345X(X).**

OBSTETRICS AUDIT FORM - HKCOG 2019

EXPLANATORY NOTES ON DATA ENTRY

Patient Identification

Name	
I.D. No	
Date of Delivery	dd/mm/yy
Age	Number with 2 digits in completed years
Resident Status	Resident / Non-Resident
Chinese Ethnic	Yes / No

Antenatal, Medical / Surgical Complications

Cardiac disease	1.	No disease
	2.	Rheumatic valvular disease
	3.	Congenital heart disease
	4.	Mitral valve prolapse
	5.	Arrhythmia requiring treatment or regular cardiac treatment
	6.	Others
Diabetes mellitus	1.	No disease
	2.	Pre-existing DM – known DM before the indexed pregnancy disregarding treatment was instituted or not

Diabetes mellitus	3. Gestational DM – DM diagnosed during pregnancy or postpartum by an OGTT
Ovarian cyst	Abnormal and / or persistent ovarian cyst during pregnancy with or without surgery in the antenatal period
Fibroids	Presence of uterine fibroids during pregnancy
Anaemia	Hb level <10g/dL at any time of gestation (thalassaemia without anaemia is EXCLUDED)
Renal disease	Disease of the urinary tract during pregnancy either a. with symptoms or b. with impaired renal function or c. requiring treatment d. asymptomatic bacteriuria is EXCLUDED
Liver disease	Liver diseases during pregnancy with impaired liver function
Respiratory disease	Only those requiring treatment during pregnancy or with impaired respiratory function Upper respiratory tract infection is EXCLUDED
Gastrointestinal biliary disease	Include only those requiring hospitalization and treatment

Epilepsy	Only those requiring treatment during pregnancy
Psychiatric disease	Only those requiring treatment during pregnancy
Immunological disease	Only those requiring treatment during pregnancy
Thyroid disease	Only those requiring treatment during pregnancy
Surgical disease	Major surgical conditions / laparotomy or major operations that require general anaesthesia during pregnancy or puerperium (except PPS)

Obstetric History & Complications

Parity	Including liveborns and stillbirths after 24 weeks or over 500gm
IVF pregnancy	Pregnancy from IVF procedure
Previous CS	Including lower segment and classical Caesarean section
Other Uterine scar	Including open or laparoscopic myomectomy / hysterotomy / plastic operation / perforation of uterus requiring repair

Hypertension / eclampsia	Severity :	1. No 2. Mild-DBP < 110mmHg AND no proteinuria 3. Severe-DBP >= 110 mmHg AND / OR proteinuria
	Classification :	1. Irrelevant 2. Eclampsia 3. Gestational hypertension - BP normal before 20 weeks and no previous history of hypertension - DBP >=110mmHg on any 1 occasion or >=90mmHg on 2 or more occasions at 4 hours apart 4. Gestational proteinuria (proteinuria >=300 mg / 24 hours; or 2 MSU / CSU collected >=4 hours apart with 1 g/L; or 2+ or more on reagent strips

Hypertension / eclampsia	Classification : 5. Gestational proteinuric hypertension 6. Chronic hypertension with proteinuria 7. Chronic hypertension with superimposed preeclampsia – proteinuria developing for the first time during pregnancy 8. Unclassified – BP unknown before 20 weeks
Antepartum haemorrhage	Bleeding per vaginum from the 24th week to the time of delivery 1. No 2. APH of unknown origin – including those with “show” but not going into labour within 72 hours 3. Placenta praevia with bleeding 4. Accidental haemorrhage – including those with no revealed bleeding 5. Other causes
Placenta praevia	Including those with or without bleeding
ECV	Performance of external cephalic version
Threatened preterm labour	Diagnosed or suspected to have labour before 37 weeks of gestation which does

Threatened preterm labour	not proceed to delivery either spontaneously or after tocolytic therapy
Use of tocolytics	Use of tocolytic agent(s) to suppress preterm labour
Use of steroid	Use of antenatal steroid to enhance fetal lung maturity
Down's screening	Down's screening in first trimester (OSCAR) or second trimester (Biochemical) or combined
Fetal DNA screening	Non-invasive fetal DNA testing for trisomy
Fetal reduction	Fetal reduction for high multiple pregnancy

Information About Labour

Onset of labour

Definition
- a retrospective diagnosis
- regular contractions with cervix at least 3cm dilated or there is progressive cervical effacement or dilatation over 4 hours

Induction of labour

An obstetric procedure designed to pre-empt the natural process of labour by initiating its onset artificially before this occurs spontaneously

Indications :

1. Maternal diseases / conditions
   - (I) DM / GDM
   - (II) Maternal medical / surgical condition

Induction of labour	2. Bad obstetric history 3. Antenatal / obstetric complications (I) Prolonged pregnancy (II) Hypertensive disease (III) PROM / intrauterine infection (IV) Antepartum haemorrhage (V) Multiple pregnancy 4. Fetal and cord conditions (I) Suspected IUGR / IUGR (II) Intrauterine death (III) Severe fetal abnormality (IV) Suboptimal antepartum cardiotocography 5. Others
Augmentation of labour	The use of synthetic oxytocin to accelerate labour process after it is already begun and that its quality of progress is unsatisfactory – use of amniotomy is NOT counted as augmentation
Duration of labour	Summation of first stage and second stage (if any) of labour to the closest number of hours. Enter 1 if duration <1 hour

Postnatal Complications

PPH (choose at most 3)	Blood loss of > 500 ml following vaginal delivery or > 1000 ml following Caesarean delivery

PPH (choose at most 3)	Causes 1. Uterine atony 2. Retained POG 3. Injuries to genital tract - ruptured uterus - cervical tear - vaginal tear - perineal wound 4. Genital haematoma 5. Uterine inversion 6. DIC 7. Placenta praevia / accrete / percreta 8. Others
Amniotic fluid	Status of the amniotic fluid during labour 1. Clear 2 Meconium stained 3. Blood stained 4. No liquor seen
Perineal tear	1. 1st degree tear - where the fourchette and vaginal mucosa are damaged and the underlying muscles are exposed, but not torn 2. 2nd degree tear - the posterior vaginal walls and perineal muscles, but the anal sphincter is intact. 3. 3rd degree tear - extend to the anal sphincter that is torn, but the rectal mucosa is intact 4. 4th degree tear - where the anal canal

Perineal tear	is opened, and the tear may spread to the rectum
Uterine rupture / scar dehiscence	Includes dehiscence of previous scar with no PPH
Hysterectomy	Include those performed up to 6 weeks postpartum
Puerperal pyrexia	Temperature >38 degree C within 14 days of delivery
Maternal collapse	An acute event involving the cardiorespiratory systems and / or brain, resulting in a reduced or absent conscious level (and potentially death), at any stage in pregnancy and up to six weeks after delivery.
Maternal death	The death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

Information About Delivery

Mode of delivery

1. Spontaneous vertex delivery
2. Ventouse extraction
3. Forceps delivery
4. Breech delivery
5. Lower segment Caesarean section
6. Classical Caesarean section
7. Unknown

Second stage CS	Caesarean section performed at second stage of labour
BBA	Birth before arrival
Presentation / lie at delivery	1. Vertex 2. Breech 3. Brow 4. Face 5. Oblique lie 6. Transverse lie 7. Compound presentation 8. Others
Indications for instrumental delivery (maximum 3 indications)	1. Maternal diseases / conditions - maternal disease complicating pregnancy - maternal distress 2. Past obstetrical history - previous Caesarean section 3. Antenatal / obstetric complications e.g. hypertension 4. Fetal and cord conditions - fetal distress (except cord prolapse) - cord prolapse / presentation 5. Labour and delivery problems - prolonged second stage - after-coming head of breech is EXCLUDED 6. Others

Indications for Caesarean section (maximum 3 indications)

1. Maternal disease / conditions
    - GDM / DM
    - maternal disorders
2. Past obstetrical history
    - previous sections / uterine scar
    - bad obstetrical history
3. Antenatal / obstetric complications
    - antepartum haemorrhage
    - hypertensive disorders
    - multiple pregnancy
4. Fetal and cord conditions
    - fetal distress
    - cord prolapse / presentation
    - suspected IUGR / IUGR
    - suspected macrosomia
5. Labour and delivery problems
    - abnormal lie / presentation
    - failure to progress
    - cephalopelvic disproportion
    - contracted / unfavourable pelvis
    - failed instrumental delivery
    - tumour / congenital anomaly of genital tract
    - failed induction – cervix fails to reach 3cm
6. Others
    - elderly mother / infertility
    - social reason
    - others

Information About the Baby

Gestation	In completed weeks according to best estimate
Birth weight	Weight in grams
Apgar score	Range 0 – 10, or unknown
Fetal outcome	1. Alive and no neonatal death 2. Stillbirth (fetus born without sign of life at or after 24 weeks of gestation, or with birth weight over 500 gm when gestation is uncertain) - antepartum - intrapartum - undetermined – mother is already in labour on admission and fetal heart not detected (evidence of fetal viability is accepted only if obtained by a medical / midwifery staff) 3. Neonatal death - early (up to 6 days 23 hours 59 minutes) - later (form 7 days to 27 days 23 hours 59 minutes) 4. Abortion – intrauterine fetal death <24 weeks (for multiple pregnancy with IUD)
Cause of stillbirth / NND	Choose only one of the following 1. Congenital anomaly 2. Isoimmunisation

Cause of stillbirth / NND	3.	Pregnancy-induced hypertension
	4.	Antepartum haemorrhage
	5.	Mechanical
	6.	Maternal disorder
	7.	Others
	8.	Unexplained
	9.	Uninvestigated
Contributory factor to NND	1.	Congenial anomaly
	2.	Haemolytic disease of newborn
	3.	Intrauterine hypoxia / birth asphyxia
	4.	Birth trauma
	5.	Respiratory distress / conditions
	6.	Intracranial haemorrhage
	7.	Infection
	8.	Miscellaneous
	9.	Unclassifiable
Congenital anomalies	Only include those significant ones detected before discharge	
Birth trauma (choose at most 3)	1.	Cephalhaematoma
	2.	Soft tissue trauma e.g. laceration
	3.	Subaponeurotic haemorrhage
	4.	Intracranial haemorrhage
	5.	Fractures
	6.	Nerve injuries
	7.	Visceral injuries

Major infections	1.	Meningitis
	2.	Pneumonia
	3.	Septicaemia
	4.	Other major infections
RDS	Respiratory distress syndrome	
IVH	Intraventricular haemorrhage	
NEC	Necrotising enterocolitis	

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 (Cystocoele, urethrocele, paravaginal defect)
5. Posterior vaginal wall prolapse (enterocoele, rectocoele perineal deficiency)
6. Vault prolapse
7. Genuine stress incontinence / Stress urinary incontinence / Urodynamic stress incotinence
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 haemorrthage
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. Laparscopic 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. Laparosopic 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, GnRHa)
7. Chemotherapy
8. Other medication
9. Pre-anaesthetic assessment
10. Uterine artery embolization
11. High intensity / focused ultrasound therapy