GYNAECOLOGY AUDIT FORM 2024

I. Principles in coding diagnosis

- 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.
- 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.
- Complications which occurred as a result of treatment in the same unit should be coded separately from complications of treatment performed in another unit. The nature of the complications should be quoted as well (L8 to L19).

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. Abnormal uterine bleeding or AUB (I5) is defined as bleeding from uterine corpus that is abnormal in duration, volume, frequency, and/or regularity. It replaces dysfunctional uterine bleeding and menorrhagia (or heavy menstrual bleeding). The cause(s) of AUB should be coded as well.
- 5. 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.
- 6. Genital warts should be quoted as infection of the organ involved, e.g. vulval warts should be coded as A5, vaginal warts as B5 and cervical warts as C5.

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
- 14. Intrauterine adhesions
- 15. Endometrial intraepithelial neoplasia
- 16. Caesarean scar niche/ Isthmocele
- 17. Hydrometra / Hematometra / Pyometra

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 salpingooophoritis, salpingitis isthmica nodosa, 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 including para-ovarian 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. Para-ovarian cyst
- 5. Peritoneal carcinoma
- 6. Recto-vaginal endometriosis
- 7. Bowel endometriosis
- 8. Bladder endometriosis
- 9. Ureteric 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 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. Abnormal uterine bleeding (including heavy menstrual bleeding & dysfunctional uterine bleeding)
 - 6. Postmenopausal bleeding
 - 7. Dysmenorrhoea
- 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 (≤12weeks)
 - 15. Conditions leading to termination of pregnancy 2nd trimester (>12weeks)
 - 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
 - 22. Conditions leading to oocytes freezing
- 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 & Procedure related Complications (Nature of complications should be coded as well if found)
 - 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
- 8. Organ injury after a procedure or operation
- 9. Secondary haemorrhage after a procedure or operation
- 10. Pelvic/vault haematoma or collection after a procedure or operation
- 11. Abdominal wound complication after a procedure or operation
- 12. Fever and/or infection after a procedure or operation
- 13. Gastro-intestinal complications after a procedure or operation
- 14. Respiratory complications after a procedure or operation
- 15. Cardiac complications after a procedure or operation
- 16. Thromboembolism after a procedure or operation
- 17. Cerebro-vascular complications after a procedure or operation
- 18. Post-abortion complications or Retained Products of Gestation
- 19. Vaginal vault dehiscence following hysterectomy

M. Miscellaneous Conditions

- 1. No disease identified
- 2. Miscellaneous
- 3. Diseases of breasts
- 4. Diseases of renal and urinary system
- 5. Diseases of gastrointestinal tract (digestive system)
- 6. Diseases of cardiovascular system
- 7. Diseases of respiratory system
- 8. Diseases of central and peripheral nervous system
- 9. Diseases of endocrine system
- 10. Diseases of blood / haematological system
- 11. Diseases of skin / musculoskeletal system
- 12. Diseases of immunological system
- 13. Diseases of hepato-biliary system
- 14. Infectious diseases

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).
- 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 A24 & 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 (B21) or laparoscopic ovarian cystectomy in case of endometriotic cyst (B10).
- 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. Single-port surgery is considered as a form of laparoscopic surgery and should be coded as B99 together with the exact procedure performed. For example, single port myomectomy and salpingo-oophorectomy should be coded as B99, B7 and B12.
- 13. vNOTES is vaginal Natural Orifice Transluminal Endoscopic Surgery and should be coded as B98 together with the exact procedure performed. For example, vNOTES hysterectomy should be coded as B98, B3 and vNOTES salpingo-oophorectomy should be coded as B98, B12.
- 14. Hysteroscopic removal of polyp, fibroid and retained POG using hysteroscopic shaver or morcellation should be coded as E10, E11 and E12 respectively. If concurrent

- hysteroscopic resection/transcervical resection of polyp and fibroid are performed as well, E6 and E7 should be quoted as well.
- 15. 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.
- 16. For specimen removal requiring morcellation during laparoscopic surgery, the information in the specified box should be provided.

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 / para-tubal / 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
- 34. Ovarian drilling
- 35. Myolysis
- 36. Tubal occlusion/sterilization
- 37. Appendicectomy
- 38. Cornual resection
- 39. Excision of non-tubal pregnancy
- 40. Rectal shaving
- 41. Discoid anterior rectal excision
- 42. Segmental rectal resection
- 43. Resection and repair of bladder
- 44. Excision of ureteric endometriosis
- 45. Biopsy of peritoneum or peritoneal lesions

B. Laparoscopic Operations (including Robotic assisted)

- 98. vNOTES (the exact procedures need to be coded as well)
- 99. Single-port surgery (the exact procedures need to be coded as well)
- 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 / para-tubal / 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
- 37. Laparoscopic appendicectomy
- 38. Cornual resection

- 39. Excision of non-tubal pregnancy
- 40. Rectal shaving
- 41. Discoid anterior rectal excision
- 42. Segmental rectal resection
- 43. Resection and repair of bladder
- 44. Excision of ureteric endometriosis
- 45. Biopsy of peritoneum or peritoneal lesions
- 46. Repair of Caesarean scar defect/ uterine niche/isthmocele

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
- 14. Vaginal salpingectomy
- 15. Vaginal salpingo-oophorectomy
- 16. Vaginal oophorectomy
- 17. Vaginal suspension and fixation
- 18. Sacrospinous fixation vagina vault
- 19. Colpocleisis (with or without hysterectomy)
- 20. Repair of prolapse using graft

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 resection of polyp
- 7. Hysteroscopic resection of fibroid
- 8. Hysteroscopic division of uterine septum
- 9. Hysteroscopic division of adhesion
- 10. Hysteroscopic shaving/morcellation of polyp

- 11. Hysteroscopic shaving/morcellation of fibroid
- 12. Hysteroscopic shaving/morcellation of retained POG
- 13. Other hysteroscopic shaving/morcellation
- 14. Hysteroscopic revision/resection of Caesarean scar niche/ Isthmocele
- 15. Hysteroscopic resection of retained POG

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. Re-suturing 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 / sampling
- 11. Insertion / Removal of IUCD
- 12. Insertion of LNG-IUS for non-contraceptive purpose
- 13. Cystoscopy
- 14. Other minor vaginal operations

15. Other minor cervical operations

- J. Radiotherapy
 - 2. Miscellaneous
 - 3. Internal radiation (Brachytherapy)
 - 4. External radiation
 - 5.
- 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
 - 12. Hyperthermic intraperitoneal chemotherapy (HIPEC)
 - 13. Percutaneous abdominal drainage with or without image guidance
 - 14. Cystoscopy and retrograde catheterization of ureter
 - 15. Percutaneous nephrostomy