

GUIDELINES ON HKCOG GYNAECOLOGY AUDIT 2004

I. Principles in coding diagnosis

1. If an operation was performed on the patient, the pathological diagnosis would be coded. If an operation was not performed, the MOST PROBABLE clinical diagnosis would 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 couldn't 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 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.

Diagnosis

A. Diseases of Vulva, Perineum and Urethra

2. Miscellaneous
3. Congenital abnormality
4. Trauma
5. Infection (including Bartholin's abscess)
6. Benign neoplasm
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
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

G. Diseases of Broad Ligaments and Pelvic Peritoneum

2. Miscellaneous
3. Pelvic endometriosis
4. Parovarian/paratubal cyst

H. Genital displacement / Urinary Disorders

2. Miscellaneous
3. Prolapse of uterus
4. Cystocele, rectocele or enterocele
5. Genuine stress incontinence
6. Detrusor instability
7. Vault prolapse

8. Detrusor hyperreflexia
9. Sensory urgency
10. Voiding difficulty
11. 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 miscarriage
7. Complete hydatidiform mole
8. Partial hydatidiform mole
9. Residual trophoblastic disease
10. Metastatic malignant trophoblastic neoplasia, chorioepithelioma
11. Secondary postpartum haemorrhage
12. Other postpartum complications
13. 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. Condition leading to sterilization/tubal occlusion
17. Pregnancy after sterilization/tubal occlusion

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. All operative procedures should be coded e.g. salpingectomy after diagnostic laparoscopy should be coded as E3 and A9.
2. Medical treatment for ectopic pregnancy using methotrexate should be coded as K7. If subsequent surgery is also required, the exact procedure should also be quoted.
3. 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.
4. 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.
5. Surgery for pre-malignant conditions should be quoted under "Benign and Pre-Malignant Conditions", not under "Malignant Conditions".

Treatment

- A. Benign and Pre-Malignant Conditions – Major Abdominal Operations
2. Miscellaneous
 3. Total hysterectomy ± bilateral / unilateral salpingo-oophorectomy

4. Subtotal hysterectomy ± bilateral / unilateral salpingo-oophorectomy
5. Repair of urinary fistulae
6. Myomectomy
7. Ovarian cystectomy
8. Oophorectomy / salpingo-oophorectomy
9. Salpingectomy
10. Salpingotomy / Salpingostomy
11. Surgery for stress incontinence
12. Adhesiolysis / tuboplasty
13. Drainage of pelvic abscess
14. Surgery for genital prolapse

B. Malignant Conditions – Major Abdominal Operations

2. Miscellaneous
3. Total hysterectomy ± bilateral / unilateral salpingo-oophorectomy
4. Subtotal hysterectomy ± bilateral / unilateral salpingo-oophorectomy
5. Radical hysterectomy
6. Pelvic exenteration
7. Debulking ± Omentectomy
8. Extended hysterectomy
9. Oophorectomy / salpingo-oophorectomy
10. Pelvic lymphadenectomy / lymph node sampling
11. Para-aortic lymphadenectomy / lymph node sampling
12. Laparotomy alone ± biopsy

C. Major Vaginal Operations

2. Miscellaneous
3. Surgery for urinary incontinence
4. Vaginal hysterectomy
5. Vaginal hysterectomy with repair of prolapse
6. Repair of prolapse
7. Repair of urinary fistulae
8. Vaginal myomectomy

D. Major Vulval Operations

2. Miscellaneous
3. Radical vulvectomy
4. Simple vulvectomy
5. Wide local excision

E. Endoscopic Procedures

2. Miscellaneous
3. Diagnostic laparoscopy \pm chromotubation
4. Laparoscopic sterilization / tubal occlusion
5. Other laparoscopic procedures
6. Diagnostic hysteroscopy
7. Endometrial resection / ablation
8. Other hysteroscopic procedures
9. Cystoscopy
10. Laparoscopic assisted vaginal hysterectomy (LAVH) / laparoscopic hysterectomy (LH)
11. Laparoscopic assisted subtotal hysterectomy (LASH)
12. Laparoscopic myomectomy

13. Laparoscopic myolysis

14. Laparoscopic ovarian / paraovarian cystectomy
15. Laparoscopic oophorectomy / salpingo-oophorectomy
16. Laparoscopic ovarian drill
17. Laparoscopic salpingectomy
18. Laparoscopic salpingotomy / salpingostomy
19. Laparoscopic colposuspension
20. Laparoscopic adhesiolysis
21. Laparoscopic ablation / resection of endometriosis
22. Laparoscopic drainage of abscess
23. Laparoscopic lymphadenectomy
24. Hysteroscopic polypectomy
25. Hysteroscopic myomectomy
26. Laparoscopic repair of genital prolapse
27. Laparoscopic radical hysterectomy

F. Colposcopy Related Procedures

2. Miscellaneous (including cervical biopsy)
3. Cervical cautery / cryotherapy / cold coagulation
4. Laser vaporization of cervical lesions
5. Laser cone
6. Loop diathermy excision
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. Embryo transfer

H. Minor Abdominal Operation

2. Miscellaneous
3. Tubal ligation /occlusion
4. Resuturing of abdominal wound

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

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