Rule Category
AMGL IP

Ref: No.
0007

Version Control
Version No. 0.2

Effective Date
31-03-2023

Revision Date
27-04-2023

Colporrhaphy

Guidelines (V0006COL2023)

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HEALTHCARE MANAGEMENT

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Definitions

It's a minimally invasive reconstructive surgical procedure, used for anterior and /or posterior vaginal wall repair for specific conditions e.g. cystocele and rectocele.

Pelvic organ prolapses, abnormal descent or herniation of pelvic organs from their normal attachment site.

Rectocele: herniation or bulging of the posterior vaginal wall, with the anterior wall of the rectum in direct apposition to the vaginal epithelium

Cystocele: Anterior vaginal wall prolapses (AWP), a condition in which the urinary bladder and vaginal wall to fall in vaginal canal.

Signs & Symptoms:

Sensation of vaginal fullness or pressure.

- Sacral back pain with standing.
- Vaginal spotting (if ulceration occur).
- Coital difficulty.
- Lower abdominal discomfort
- voiding and defecatory difficulties.

Investigation:

Ultrasonographic imaging is one on main diagnostic tools.

Nonsurgical (conservative) management of pelvic organ prolapse should be attempted before surgery is contemplated.

MRI, contrast radiology,

[defecating proctography, dynamic MRI defecography, and other related expensive testing modality does not show a significant change in clinical decision making] (Not covered)

Urodynamic testing for evaluation of urinary incontinence and rule out potential incontinence.

Cystoscopy is recommended for patients with symptoms of bladder pain, hematuria, other symptoms not responding to medication,

Due to prevalence in old age female, cervical cytology should be considered if cervical screening not recent. (Colporrhaphy is not indicated with pelvic organ prolapse + positive cervical smear), Hysterectomy to be considered

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Management:

Conservative (non-surgical) management:

Pelvic muscle exercises (PMEs) and vaginal support devices (pessaries) are the main nonsurgical treatments for patients with pelvic organ prolapse.

Despite the improvement in pelvic muscle tone with pelvic muscle exercises, no evidence supports the it will lead to regression of pelvic organ prolapse.

Vaginal support devices (pessaries):

minimally invasive, safe, option for patient treatment, recommended as first line therapy for prolapse for stage 1, 2 and 3. (Documentation of conservative management is a must)

Types of pessaries are available (supportive, ring, space occupying doughnut, cube, smith, shaatz, etc.).

Companied use of pessary and estrogen cream or ring (which is replaced every 3 month), is indicated in cases with hypoestrogenism.

Contra-indication for pessaries use is:

- Patient incompliance (dementia)
- Vaginal fistula.
- Uterovaginal erosion.
- Uterovaginal bleeding.

Surgical management:

The purpose of surgical management is to strengthen the vaginal wall support

Anterior colporrhaphy is mainly done for cystocele.

Posterior colporrhaphy is mainly done for rectocele.

Posterior colporrhaphy can be done as colpoperineorrhaphy.

Transvaginal colporrhaphy repair is superior choice to transanal repair.

Apical vaginal prolapse/ uterine prolapse are indicataed for abdominal sacral colpopexy, total abdominal hysterectomy, with high uterosacral ligament suspension.

Indication: (one of the following)

Pelvic organ prolapses with pain, not responding to medication.

Severe grade 3 and 4 pelvic organ prolapse.

Evidence of stress urinary incontinence with mild to moderate stages.

Patient with failed conservative management for minimum of 2 month.

Experimental procedures:

Biologic grafts for treatment of vaginal apical prolapse.

Combined laparoscopic-vaginal lateral suspension for treatment of pelvic organ prolapse.

Laser therapy for treatment of pelvic organ prolapse.

Vaginal tactile imaging for diagnosis and evaluation of vaginal pelvic floor conditions

Coding:

ICD-10 codes:

N8110 cystocele, unspecified.

N81.6 rectocele.

N81.2 incomplete uterovaginal prolapse.

CPT codes:

57200 Colporrhaphy, suture of injury of vagina (no obstetrical)

57210 Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)

For pelvic organ prolapse:

Two types of surgeries are there, obliterative and reconstructive procedures.

Obliterative surgeries are aiming to narrow or closes off the vagina, sexual activity is not possible after such procedure, despite the high success rate for such procedures patient should not have plan for sex in future.

the LeFort colpocleisis is indicated only in case for severe utero-vaginal prolapse in elderly patients and chronically ill patients who no longer desire coital function.

Reconstructive surgeries:

1. Fixation or suspension, (uterosacral ligament suspension and sacrospinous fixation.
2. Colporrhaphy anterior and posterior types are present, aiming to augment support for pelvic organs.
3. Sacrohystoropexy: for uterine prolapse if hysterectomy not indicated or not accepted by patient.
4. Surgery with vaginally placed mish, associated with high risk of complication.

The use of polypropylene mesh for transabdominal correction is considered controversial (hence not covered by insurance).

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