Repair of Pelvic Organ Prolapse

ORG: S-1020 (ISC)
Link to Codes

MCG Health
Inpatient & Surgical Care
27th Edition

Care Planning - Inpatient Admission and Alternatives

Clinical Indications for Procedure

- Procedure is indicated for **1 or more** of the following(1)(2)(3)(4)(5)(6):
  - Symptomatic pelvic organ prolapse, as indicated by **ALL** of the following:
    - Prolapse is symptomatic,[A] as indicated by **1 or more** of the following:
      - Voiding dysfunction due to prolapse (eg, incomplete emptying, difficulty urinating, incontinence, recurrent infection)
      - Defecatory dysfunction due to prolapse (eg, incomplete emptying, constipation, incontinence, pain)
      - Sexual dysfunction due to prolapse (eg, dyspareunia)
      - Vaginal bulge or visible prolapse
      - Limitation of physical activity due to prolapse
      - Discomfort due to prolapse (eg, pressure, pain)
    - Nonoperative treatment is not appropriate, as indicated by **1 or more** of the following:
      - Failure of nonoperative care (eg, pessary, pelvic floor muscle training)
      - Patient declines nonoperative care
  - Concomitant procedure (eg, hysterectomy, urethral suspension) planned and patient judged to be at high risk for postoperative development or worsening of pelvic organ prolapse(8)

Alternatives to Procedure

- Alternatives include(1)(2)(3)(4)(5)(6)(11):
  - Pessary(12)
  - Pelvic floor muscle training
  - Fiber supplement or osmotic laxative for defecatory dysfunction
  - Colpocleisis or colpectomy[B](6)(8)
  - Hysterectomy with suspension or repair. See Hysterectomy, Abdominal ISC, Hysterectomy, Laparoscopic ISC, or Hysterectomy, Vaginal ISC for further information.

Operative Status Criteria

- Ambulatory(13)(14)(15)

Preoperative Care Planning

- Preoperative care planning needs may include(1)(2)(4)(5)(7):
  - Routine preoperative evaluation. See Preoperative Education, Assessment, and Planning Tool SR.
  - Diagnostic test scheduling, including:
    - Laboratory studies (eg, urinalysis, urine culture, renal function tests)
    - Imaging (ultrasound, MRI)(16)
    - Postvoid residual urine volume
    - Urethral mobility
    - Urodynamic testing
    - Defecography(16)(17)
  - Preoperative discharge planning as appropriate. See Discharge Planning in this guideline.

Hospitalization

Optimal Recovery Course

Day	Level of Care	Clinical Status	Activity	Routes	Interventions	Medications
1	• Social Determinants of Health Assessment • OR to recovery room to discharge[C] • Discharge planning	• **Successful uncomplicated procedure** • **No evidence of bowel obstruction** • **No evidence of postoperative or surgical site infection** • **Voiding or urine managed with catheter** • **Pain absent or managed** • **Discharge plans and education understood**	• **Ambulatory or acceptable for next level of care**	• **Oral hydration[D]** • **Oral medications or regimen acceptable for next level of care** • **Oral diet or acceptable for next level of care** • IV fluids for procedure • IV medications for procedure		• Possible oral analgesics • Prophylactic antibiotics

(1)(4)(5)(13)(14)(15)N

Recovery Milestones are indicated in **bold**.

Goal Length of Stay: Ambulatory

Note: Goal Length of Stay assumes optimal recovery, decision making, and care. Patients may be discharged to a lower level of care (either later than or sooner than the goal) when it is appropriate for their clinical status and care needs.

Extended Stay

Minimal (a few hours to 1 day), Brief (1 to 3 days), Moderate (4 to 7 days), and Prolonged (more than 7 days).

- Inpatient stay may be needed for(1)(4)(5)(18):
  - Abdominal (open) colpopexy procedure
    - Most abdominal colpopexy procedures are performed on an inpatient basis.
    - Expect brief stay extension.
  - Complications of procedure (eg, vascular, rectal, or urinary tract injury)(19)
    - Complications may require surgical repair.
    - Expect brief to moderate stay extension.
  - Functional abnormalities (eg, inability to defecate)(19)
    - Abnormalities may require observation and evaluation for possible anatomic injury.

        - Expect brief stay extension.
    - Active comorbidities (eg, renal failure, COPD, CHF)
        - Expect brief stay extension.

See Common Complications and Conditions ISC for further information.

Hospital Care Planning

- Hospital evaluation and care needs may include:
    - Monitoring patient's status for deterioration and comorbid conditions (see Inpatient Monitoring and Assessment Tool SR); key items include(19)(20):
        - Bleeding
        - Bowel function, including need for stool softener to prevent straining
        - Pain management
        - Patency of urethral or suprapubic catheter
        - Patency of surgical drain, if used
        - Urinary retention(21)
        - Wound management
        - Urinary tract infection(19)

Discharge

Discharge Planning

- Discharge planning includes[E]:
    - Assessment of needs and planning for care, including(23):
        - Develop treatment plan (involving multiple providers as needed).
        - Evaluate and address preadmission functioning as needed.
        - Evaluate and address psychosocial status issues as indicated. See Psychosocial Assessment SR for further information.
        - Evaluate and address social determinants of health (eg, housing, food). See Social Determinants of Health Screening Tool SR for further information.(22)
        - Evaluate and address patient or caregiver preferences as indicated.
        - Identify skilled services needed at next level of care, with specific attention to:
            - Gastrointestinal status assessment(24)
            - Genitourinary status assessment(25)
            - Pain management(26)
    - Early identification of anticipated discharge destination; options include(27)(28):
        - Home, considerations include:
            - Access to follow-up care
            - Home safety assessment. See Home Safety Assessment SR for further information.
            - Self-management ability if appropriate. See Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) Assessment SR for further information.
            - Caregiver need, ability, and availability
        - Post-acute skilled care or custodial care as indicated. See Discharge Planning Tool SR for further information.
    - Transitions of care plan complete, including(28):
        - Patient and caregiver education complete. See Repair of Pelvic Organ Prolapse: Patient Education for Clinicians SR for further information.
            - See Teach Back Tool SR for further information.
        - Medication reconciliation completion includes(29)(30):
            - Compare patient's discharge list of medications (prescribed and over-the-counter) against provider's admission or transfer orders.
            - Assess each medication for correlation to disease state or medical condition.
            - Report medication discrepancies to prescribing provider, attending physician, and primary care provider, and ensure accurate medication order is identified.
            - Provide reconciled medication list to all treating providers.
            - Confirm that patient or caregiver can acquire medication.
            - Educate patient and caregiver.
                - Provide complete medication list to patient and caregiver.
                - Importance of presenting personal medication list to all providers at each care transition, including all provider appointments

        - Reason, dosage, and timing of medication (eg, use "teach-back" techniques)(31)
      - Encourage communication between patient, caregiver, and pharmacy for obtaining prescriptions, setting up home medication delivery, and reviewing for drug-drug interactions.
      - See Medication Reconciliation Tool SR for further information.
  - Plan communicated to patient, caregiver, and all members of care team, including(32)(33):
    - Inpatient care and service providers
    - Primary care provider
    - All post-discharge care and service providers
  - Appointments planned or scheduled, which may include:
    - Primary care provider
    - Gynecologist(34)
    - Urologist
    - Other
  - Outpatient testing and procedure plans made, which may include:
    - Other
  - Referrals made for assistance or support, which may include:
    - Financial, for follow-up care, medication, and transportation
    - Tobacco use treatment(35)
    - Other
  - Medical equipment and supplies coordinated (ie, delivered or delivery confirmed), which may include:
    - Wound care equipment and supplies(26)
    - Other

Discharge Destination

- Post-hospital levels of admission may include:
  - Home.
  - Home healthcare. See Home Care Indications for Admission Section HC in Incontinence and Pelvic Support Surgery guideline in Home Care.

Evidence Summary

Background

Pelvic organ prolapse occurs with the loss of connective tissue support which allows nearby organs (bowel, bladder, uterus) to herniate through the urogenital hiatus into the vaginal space.(1)(3) **(EG 2)** Pelvic organ prolapse may be repaired by using an abdominal, minimally invasive (laparoscopic, robot-assisted), or transvaginal approach.(4)(7)(8) **(EG 2)** A specialty society guideline concludes that when possible, a minimally invasive approach to apical vaginal prolapse should be performed.(9) **(EG 2)**

Criteria

The evidence for the clinical indications found in this guideline includes 3 published peer reviewed articles, 3 specialty society or other evidence-based guidelines, 1 Cochrane systematic review, and 3 book sections.

Approximately 40% of women without stress urinary incontinence develop symptoms of stress urinary incontinence after surgical correction of pelvic organ prolapse.(2)(3) **(EG 2)** Meta-analysis of randomized controlled trials evaluating surgical repair of pelvic organ prolapse in women with or without urinary incontinence (2717 women) found that repair of the prolapse with concomitant midurethral sling in women with stress urinary incontinence reduced subjective complaints of stress urinary incontinence postoperatively.(10) **(EG 1)**

Alternatives

Specialty society practice guidelines conclude that pessary use is effective and that pessaries can be fitted in most women with prolapse (regardless of stage or site).(1)(2)(12) **(EG 2)** These guidelines recommend that patients be offered a pessary for symptomatic pelvic organ prolapse before considering surgery.(1)(2) **(EG 2)** Obliterative surgery, such as colpocleisis or colpectomy, may be associated with a reduction in perioperative morbidity but significantly shortens and narrows the vagina so patients must be certain that they will not desire vaginal intercourse in the future.(2)(6)(8) **(EG 2)**

Length of Stay

Examination of a cohort of commercially insured patients who underwent a pelvic organ prolapse repair procedure and did not undergo concomitant hysterectomy (7274 patients, mean age 61 years) found that 51% were discharged the day of surgery and 49% the next day.(13) **(EG 2)** Analysis of a cohort of patients who underwent pelvic organ prolapse repair (405 patients, mean age 66 years, 57% concomitant hysterectomy) found 64% were discharged the day of surgery and 33% the next day.(14) **(EG 2)** Analysis of procedure

data for a large commercially insured population found that 97% of pelvic organ prolapse repairs were performed on an outpatient basis.(15) **(EG 3)** Analysis of procedure data for a Medicare-insured population found that 93% of pelvic organ prolapse repairs were performed on an outpatient basis.(15) **(EG 3)**

Rationale

Surgical MCG care guidelines help the clinician to identify, for a given procedure, which patient-specific factors and clinical conditions are appropriate for that procedure. The evidence-based clinical indication criteria assist the clinician in the decision to appropriately perform a procedure, evaluating whether the potential benefits of a procedure outweigh the potential risks. For Medicare enrollees, surgical MCG care guidelines also identify which procedures CMS has designated as inpatient only.

Related CMS Coverage Guidance

This guideline supplements but does not replace, modify, or supersede existing Medicare regulations or applicable National Coverage Determinations (NCDs) or Local Coverage Determinations (LCDs).

Code of Federal Regulations (CFR): 42 CFR 412.3(36); 42 CFR 419.22(n)(37); 42 CFR 422.101(38)

Internet-Only Manual (IOM) Citations: CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 1 - Inpatient Hospital Services Covered Under Part A(39); CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 6 - Hospital Services Covered Under Part B(40); CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 15 - Covered Medical and Other Health Services(41); CMS IOM Publication 100-08, Medicare Program Integrity Manual, Chapter 6, Section 6.5 - Medical Review of Inpatient Hospital Claims for Part A Payment(42)

Medicare Coverage Determinations: Medicare Coverage Database(43)

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Footnotes

[A] Validated questionnaires to assess symptoms due to pelvic organ prolapse include the Pelvic Floor Distress Inventory (PFDI), Pelvic Floor Impact Questionnaire (PFIQ), Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire (PISQ-IR), and the International Consultation on Incontinence Questionnaire - Vaginal Symptoms (ICIQ-VS).(2) [A in Context Link 1, 2]

[B] Obliterative surgery, such as colpocleisis or colpectomy, may be associated with a reduction in perioperative morbidity but significantly shortens and narrows the vagina so patients must be certain that they will not desire vaginal intercourse in the future.(2)(6)(8) [B in Context Link 1]

[C] See Ambulatory Surgery Discharge and Complications: Common Complications and Conditions ISC for further information. [C in Context Link 1]

[D] Some patients may have their hydration needs met via alternative means (eg, percutaneous endoscopic gastrostomy tube). [D in Context Link 1]

[E] Discharge instructions should be given in the patient's and caregiver's native language using trained language interpreters whenever possible.(22) [E in Context Link 1]

Definitions

Social Determinants of Health Assessment

- Risk of poor health outcomes may be increased by the presence of **1 or more** of the following social determinants of health(1)(2)(3)(4):
  - Housing insecurity, as indicated by **1 or more** of the following:
    - Individual or caregiver's current living situation is **1 or more** of the following(5):
      - Does not have own housing (eg, staying in a hotel, shelter, or with others)
      - Has own housing (eg, house, apartment), but at risk of losing it in the future (ie, behind on rent or mortgage)
      - Has own housing (eg, house, apartment), but has lived in 3 or more places in past year
    - Current housing has **1 or more** of the following:
      - Electrical appliances (eg, stove, refrigerator) not working or unavailable
      - Insufficient heating or cooling
      - Insufficient ventilation
      - Lead paint or pipes
      - Mold
      - Pests (eg, bugs) or rodents
      - Smoke detectors not working or unavailable
  - Food insecurity, as indicated by **1 or more** of the following(6):
    - In the past year, individual or caregiver ran out of food and did not have money to buy more food.
    - In the past year, individual or caregiver worried that they would run out of food before they received money to buy more food.
  - Insufficient transportation, as indicated by **1 or more** of the following(7):
    - In the past year, individual or caregiver missed medical appointments or could not get medications due to lack of transportation.
    - In the past year, individual or caregiver missed nonmedical activities, work, or could not get things needed for daily living due to lack of transportation.
  - Insufficient utilities, as indicated by **1 or more** of the following(8):
    - Utilities (eg, electricity, water, gas, or oil) are currently shut off or unavailable.
    - In the past year, electric, water, gas, or oil company threatened to shut off services.
  - Personal safety risk, as indicated by **2 or more** of the following(6):
    - Individual is sometimes or frequently physically hurt by another person (including family member).
    - Individual is sometimes or frequently insulted or talked down to by another person (including family member).
    - Individual is sometimes or frequently threatened with physical harm by another person (including family member).
    - Individual is sometimes or frequently screamed or cursed at by another person (including family member).
  - Insufficient dependent care, as indicated by **1 or more** of the following:
    - In the past year, individual or caregiver was unable to work due to lack of dependent care.
    - In the past year, individual or caregiver was unable to work more (additional) hours due to lack of dependent care.
    - In the past year, individual or caregiver missed medical appointments or could not get medications due to lack of dependent care.

- In the past year, individual or caregiver missed nonmedical activities (eg, school, church, social activity) due to lack of dependent care.
- Depression risk, as indicated by **ALL** of the following:
  - In the past 2 weeks, individual had little interest or pleasure in normal activities on at least several days.
  - In the past 2 weeks, individual felt down, depressed, or hopeless on at least several days.

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Codes

ICD-10 Diagnosis: N39.3, N39.491, N39.492, N39.498, N81.0, N81.10, N81.11, N81.12, N81.2, N81.3, N81.4, N81.5, N81.6, N81.81, N81.82, N81.83, N81.84, N81.85, N81.89, N81.9, N99.3 [Hide]

ICD-10 Procedure: 0DSP0ZZ, 0DSP4ZZ, 0DSP7ZZ, 0DSP8ZZ, 0JQC0ZZ, 0TSB0ZZ, 0TSB4ZZ, 0TSC0ZZ, 0TSC4ZZ, 0UBF0ZZ, 0UBF4ZZ, 0UBF7ZZ, 0UBF8ZZ, 0ULF7DZ, 0ULF7ZZ, 0ULF8DZ, 0ULF8ZZ, 0ULG7DZ, 0ULG7ZZ, 0ULG8DZ, 0ULG8ZZ, 0UQF0ZZ, 0UQF4ZZ, 0UQF7ZZ, 0UQF8ZZ, 0UQG0ZZ, 0UQG4ZZ, 0UQG7ZZ, 0UQG8ZZ, 0US40ZZ, 0US44ZZ, 0US48ZZ, 0US90ZZ, 0US94ZZ, 0US97ZZ, 0US98ZZ, 0USF0ZZ, 0USF4ZZ, 0USF8ZZ, 0USG0ZZ, 0USG4ZZ, 0USG7ZZ, 0USG8ZZ, 0USGXZZ, 0UTF0ZZ, 0UTF4ZZ, 0UTF7ZZ, 0UTF8ZZ, 0UU407Z, 0UU40JZ, 0UU40KZ, 0UU447Z, 0UU44JZ, 0UU44KZ, 0UUF07Z, 0UUF0JZ, 0UUF0KZ, 0UUF47Z, 0UUF4JZ, 0UUF4KZ, 0UUF77Z, 0UUF7JZ, 0UUF7KZ, 0UUF87Z, 0UUF8JZ, 0UUF8KZ, 0UUG07Z, 0UUG0JZ, 0UUG0KZ, 0UUG47Z, 0UUG4JZ, 0UUG4KZ, 0UUG77Z, 0UUG7JZ, 0UUG7KZ, 0UUG87Z, 0UUG8JZ, 0UUG8KZ, 0WQN0ZZ, 0WQN4ZZ [Hide]

CPT®: 45560, 57240, 57250, 57260, 57265, 57268, 57270, 57280, 57282, 57283, 57284, 57285, 57423, 57425

DSM-5: N39.498

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