

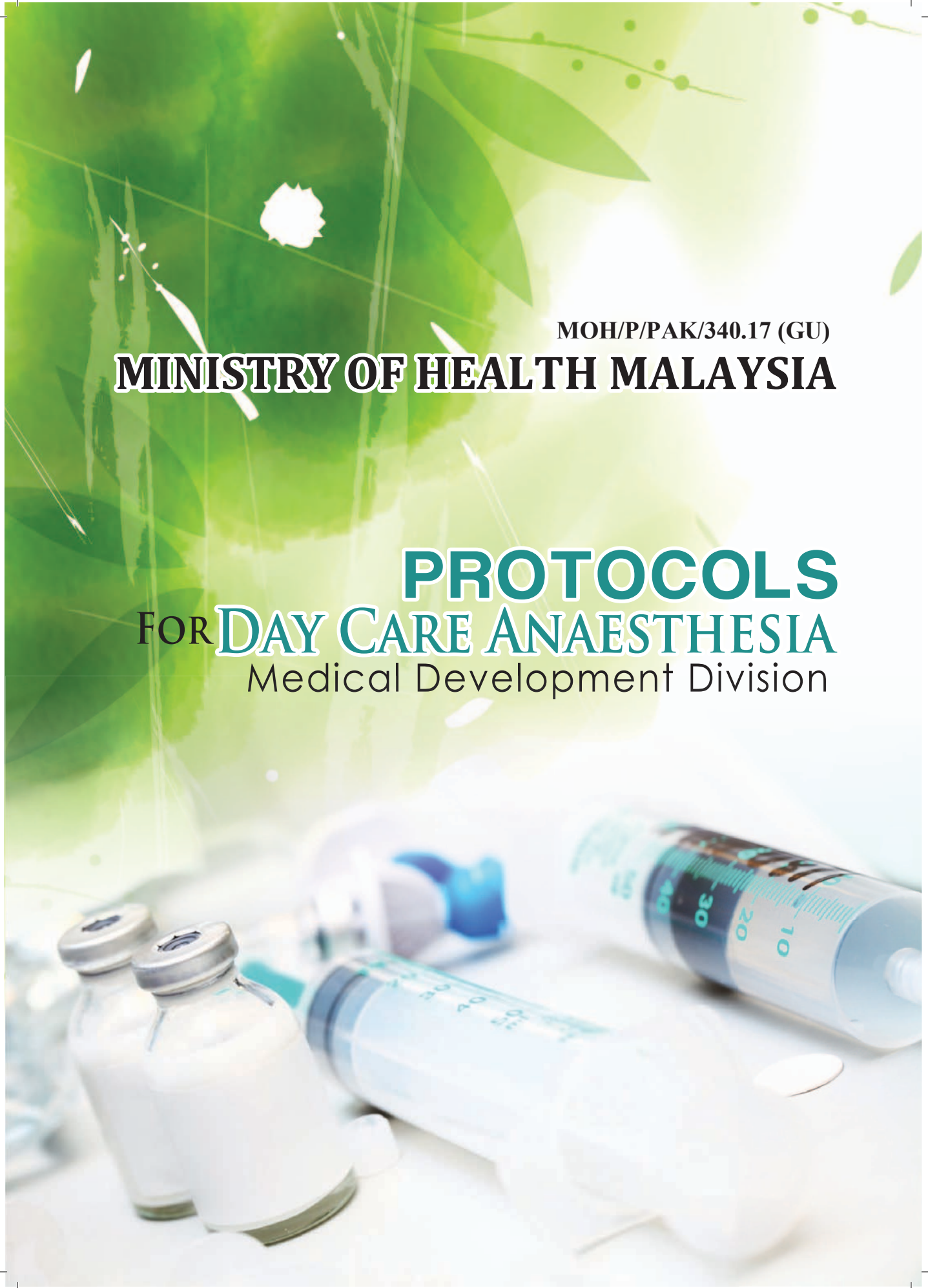
MOH/P/PAK/340.17 (GU)

# MINISTRY OF HEALTH MALAYSIA

# PROTOCOLS

## FOR DAY CARE ANAESTHESIA

Medical Development Division



This document was developed and reviewed by the Surgical and Emergency Medicine Services Unit, Medical Development Section of the Medical Development Division, Ministry of Health Malaysia and the Review Committee for Day Care Anaesthesia Services.

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Director of Medical Development Division, Ministry of Health  
Malaysia

Head of Service for Anaesthesiology and Intensive Care Services,  
Ministry of Health Malaysia

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## FOREWORD

Director of Medical Development Division, Ministry of Health  
Malaysia

The International Association of Ambulatory Surgery defines day care surgery as 'An operation or procedure, an office or outpatient operation/procedure, where the patient is discharged on the same working day'.<sup>1</sup> The global economic constraints and increasing financial awareness in the era of 1970s led to the increase in the development of ambulatory surgery.<sup>2</sup> Day care surgery or Ambulatory surgery is growing globally and the challenges of providing anaesthesia for longer and more complex surgery with multiple co-morbidities and elderly patients is feasible.<sup>3</sup> To maintain the safety and good outcomes of day care surgery and anaesthesia, all patients will need to be evaluated comprehensively.

Advances in medical technology, anaesthesia and pain management have allowed a huge expansion of day care surgery with a consequent reduction in the need for hospitalization. Day care surgery was introduced in Ministry of Health hospitals since the eighties despite not having a dedicated facility. Increasing awareness and demand from the public has resulted in more centres being developed.

The convenience and low overhead costs continue to attract more surgeries to be conducted in an ambulatory setting. Several experts predict that in the years to come, nearly 80% of all surgeries performed in the United States will be on an ambulatory basis.<sup>4</sup> Similarly, Ministry of Health Malaysia hospitals aspire to do more day surgery to reduce hospital congestion and the cost of in-patient care. The standard of anaesthesia care is similar as that of in-patients surgeries, even for the most minor surgeries.<sup>5</sup> Provision for emergency care, preferably at the same place must be available.

Many hospitals in the Ministry of Health now have an anaesthesiology clinic where patients' preoperative evaluation is conducted.<sup>6</sup> In this dedicated clinic, multidisciplinary healthcare providers with clinical experience in perioperative care can apply a uniform and consistent preoperative evaluation to all surgical patients.

The revised day care anaesthesia protocol depicts the current benefits from the subtle effects of culture, specific population needs, and exchange of international and national perspectives in day care surgery and anaesthesia.

Thank you

Dato' Dr Hj Azman bin Hj Abu Bakar

Director

Medical Development Division

Ministry of Health Malaysia

## Head of Service for Anaesthesiology and Intensive Care Services, Ministry of Health Malaysia

Day care anaesthesia and surgery services are evolving specialities. In recent years, the complexity of procedures has expanded with a wider range of patients now considered suitable for day care surgery. The day care surgery services offer several advantages to patients, doctors, hospital administration and insurance companies, and the cost is expected to be 25–75% less than that of a similar inpatient procedure.

A study conducted by the Federated Ambulatory Surgery Association (FASA) 2015, has observed that there is no significant relationship between pre-existing diseases and the incidence of postoperative complications in an ambulatory setting.<sup>4</sup> Even the extremes of age are not deterrent for ambulatory practice, provided proper attention is paid to discharge planning. Children are excellent candidates for ambulatory surgery as it provides minimal separation from parents and minimal exposure to potentially contaminated hospital environment.

Patients undergoing surgery as inpatient or outpatient, move through a continuum of medical care to which physicians and surgeons contribute to ensure the best possible outcome. The suitable anaesthetic technique that minimizes post-operative morbidity and mortality should become the focus in day surgery anaesthesia. Protocols on management of post-operative pain, nausea and vomiting as well as discharge from hospital will ensure good and favourable outcome.

The first protocol for day care anaesthesia has been implemented in the Ministry of Health hospitals for the past five years and reviewed by the current committee. It serves as guidance to all medical personnel providing day care anaesthesia services. Extensive

research and review on this subject has resulted in an updated protocol which will enhance day care surgery services in Ministry of Health (MOH) hospitals.

Dato' Dr Jahizah binti Hj Hassan

Head of Service for Anaesthesiology and Intensive Care Services

Ministry of Health Malaysia

And

Chair person for Review Committee

## 1.0 Background

The earliest reference for day care surgery is mentioned as early as the beginning of the 20th Century by James Nicoll, a Glasgow surgeon who performed almost 9,000 outpatient operations in children in 1903. Later, in 1912, Ralph Waters from Iowa, USA, described “The Down Town Anaesthesia Clinic”, where he gave anaesthesia for minor outpatient surgery.<sup>1</sup>

The global economic constraints and increasing financial awareness of the 1970s led to the increase in day care surgery. Recent advances in medical technology and pain management have allowed a huge expansion of day care surgery with a consequent reduction in the need for hospitalization. The facilities for day care surgery may be attached to the main hospital itself, office-based or a free standing ambulatory care center. The standard of anaesthesia care is the same as that applicable to inpatients surgeries, even for the most minor surgeries. There should always be an emergency care available either at the same place or a nearby hospital in case an emergency admission is required. The convenience and low overhead costs continue to attract more surgeries to be conducted in a day care setting.

Historically in the Ministry of Health, prior to 1987, day care surgery across the various disciplines were conducted at different facility locations within a hospital ranging from operation theatres, wards, specialist clinics and emergency and trauma department. In 1997, the first dedicated Ambulatory Care Centre (ACC) project was in Hospital Ipoh.<sup>6</sup> The benefits realization reported from this project pertaining to day care surgery was evident in reducing surgical waiting time to 2 – 10 weeks for selected elective procedures and the reduction of inpatient admissions to the surgical based departments by 28.2%.<sup>4</sup>

Day care surgery offers several advantages to all stakeholders. It is expected to be 25-75% reduction in cost than that of a similar inpatient procedure. The successful conduct of anaesthesia entails careful patient selection, type of surgery based on the expertise and facilities available, perioperative patient preparation and planning. Even the extremes of age are not deterrent for day care surgery,



provided proper attention is paid to perioperative care. Children are excellent candidates for day care surgery as it provides minimal separation from parents and minimal exposure to hospital environment.

Ministry of Health Malaysia (MOH) has taken active steps to promote day care surgery and anaesthetic services throughout the country by organizing conferences, workshops and encouraging research and audit in this area. Yearly anaesthetic program census report includes number of day surgery admissions (DSA) and day care surgeries performed under anaesthesia. Currently there are 55 MOH hospitals in Malaysia offering anaesthesiology services, out of which 34 provide day care anaesthesia. A total of 12,158 cases were performed in 2016.

## 2.0 Definition

Day care surgery is defined as scheduled surgical procedures provided to patients who do not require hospital stay overnight. It is a process of care by which suitable patients are managed with admission, treatment and discharge on the same day.

Day care surgery is performed for diagnostic and therapeutic procedures under local, regional or general anaesthesia with minimal risk of post-operative complications but require observation in the day care ward.

### 3.0 Objectives

- 3.1 To reduce inpatient admission
- 3.2 To make surgery convenient and comfortable for the patient
- 3.3 To reduce waiting time for elective surgery
- 3.4 To reduce disruption of personal lives
- 3.5 To reduce hospital-acquired infection
- 3.6 To encourage early recovery and mobilization in a home environment with their family
- 3.7 To reduce cost of hospital stay
- 3.8 To reduce the financial constraints on the institution and healthcare

### 4.0 Functions

- 4.1 Day care anaesthesia services shall be provided in an integrated set-up using the existing operating theatres, a dedicated ambulatory care facility or day care unit.
- 4.2 There shall be clear documentation of anaesthetic care and recovery process.
- 4.3 The standard of care shall be the same as for inpatients.
- 4.4 Day care anaesthesia services shall be provided from 8 am to 5 pm on weekdays.
- 4.5 Day care anaesthesia shall be specialist based.
- 4.6 Patient and procedure selection criteria shall be strictly adhered to.
- 4.7 Effective preoperative preparation with clear verbal and written instructions shall be required.
- 4.8 Informed anaesthesia consent shall be obtained.
- 4.9 Each anaesthesiologist shall provide anaesthetic techniques that permit the patient to undergo the surgical procedure to facilitate maximum comfort and optimize early recovery and discharge.  
-Each anaesthesiologist shall provide anaesthetic techniques for surgical procedures to facilitate early recovery and discharge.
- 4.10 The discharge criteria shall be strictly adhered to. Fitness for discharge shall be protocol based .There should be clear written post-operative instructions given to patient upon discharge.

4.11 The day care anaesthesia services shall be led by an anaesthesiologist whose duties include development of local policies, guidelines and clinical governance.

4.12 There shall be adequate patient information for patient and accompanying person/family.

4.13 Audit is an essential component of quality care for day care anaesthesia service.

## 5.0 Infrastructure

### 5.1 Location

Day care anaesthesia services shall be provided in an integrated set-up using the existing operating theatre, dedicated operating theatres/unit or a free standing dedicated ambulatory care center. The center should have a separate entrance and exit to the main road with ample parking space.

### 5.2 Facilities

- Registration counter
- Waiting room
- Play area for children
- Audio visual (for patient education)
- Anaesthetic clinic
- Examination room
- Changing rooms
- Procedure rooms
- Pre and post- operative wards
- Operating theatres
- Recovery bay
- Pharmacy
- Cafeteria (for dedicated day care facility)

### 5.3 Staffing

The day care anaesthesia services shall be led by an anaesthesiologist whose duties include developing local policies, guidelines and clinical governance.

- Anaesthesiologists
- Medical Officers
- OT Manager
- Theatre Scrub Nurses
- Anaesthetic assistants
- Recovery Ward Nurses and Ancillary staff

## 7.0 General Principle

7.1 The initial screening of patients should be carried out by the Surgical Team who first comes in contact with the patient.

7.2 A Pre-anaesthesia Assessment Form should be completed by the surgeon in-charge and sent to the Anaesthesiology Clinic together with the patient.<sup>7</sup>

7.3 Patient's medical and social history, physical examination and relevant blood and radiographic investigations should be performed prior to Anaesthesiology Clinic.<sup>8</sup> (NICE Guideline 2016, refer Appendix 2)

7.4 Patients suitable for day care surgery will be referred to the Anaesthesiology Clinic<sup>8</sup> for preoperative assessment. An appointment should be made with the Anaesthesiology Clinic for referral on the same day or a later date (refer to Protocols for Anaesthesiology Clinic). Patients who are not suitable for day care surgery will be communicated to the surgical team. This information will be documented.

7.5. The preanaesthetic assessment should preferably be performed by the anaesthesiologist who is to conduct the anaesthesia. If this is not possible, the findings of the preanaesthetic assessment should be conveyed to the anaesthesiologist concerned.

7.6 Patient selection and assessment should be based on day care anaesthesia guidelines.

7.7 Procedures performed as day care surgery should follow MOH Day Care Surgery SOP. However, it is recommended that there should be a local agreement on which procedures may be performed as day care surgery.

7.8 The preanaesthetic assessment should be performed at an appropriate time before the scheduled surgery to allow adequate preparation of the patient.

7.9 The pre-anaesthetic assessment may be conducted in the anaesthesiology clinic or day care ward using preset questionnaires assisted by trained nursing or paramedical staff under the supervision of an anaesthesiologist.

7.10 Input from other medical specialties may be required in the preanaesthetic management of the patient. However, only the anaesthesiologist may determine a patient's fitness to undergo anaesthesia.

## **8.0 Selection Criteria and Suitable Procedures**

When patients are referred for day care surgery, it is essential to ensure that:

- the procedure is suitable (refer to Appendix 1)
- the risk of complications from surgery and anaesthesia are minimal

The selection criteria should be defined and collaboratively agreed by surgeons and anaesthesiologists involved in day care surgery. The anaesthesiologist should be referred to in the event of any queries regarding patient's suitability for day care surgery. We suggest the following criteria to be adopted.

### **I) Patient Criteria**

### **II) Social Criteria**

### **III) Surgical Criteria and Proposed Suitable Procedures**

## Patient Criteria

Health Status: Patients classified in categories ASA 1 and 2 are suitable for day care surgery. Patients in category ASA 3 can be selected after consultation with the anaesthetic team provided comorbidities are optimised.

ASA PS Classification	Definition	Examples, including, but not limited to:
<b>ASA I</b>	A normal healthy patient	Healthy, non-smoking, no or minimal alcohol use
<b>ASA II</b>	A patient with mild systemic disease	Mild diseases only without substantive functional limitations. Examples include (but not limited to): current smoker, social alcohol drinker, pregnancy, obesity ( $30 < \text{BMI} < 40$ ), well-controlled DM/HTN, mild lung disease
<b>ASA III</b>	A patient with severe systemic disease	Substantive functional limitations; One or more moderate to severe diseases. Examples include (but not limited to): poorly controlled DM or HTN, COPD, morbid obesity ( $\text{BMI} \geq 40$ ), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, ESRD

undergoing regularly scheduled dialysis, premature infant PCA < 60 weeks, history (>3 months) of MI, CVA, TIA, or CAD/stents.

#### ASA IV

A patient with severe systemic disease that is a constant threat to life

Examples include (but not limited to): recent (< 3 months) MI, CVA, TIA, or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, sepsis, DIC, ARD or ESRD not undergoing regularly scheduled dialysis

#### ASA V

A moribund patient who is not expected to survive without the operation

Examples include (but not limited to): ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ/system dysfunction

#### ASA VI

A declared brain-dead patient whose organs are being removed for donor purposes

\*The addition of "E" denotes Emergency surgery: (An emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part)



Age : 6 months to 75 years

Patient more than 75 years and children less than 6 months may be considered on a case to case basis.

### **Social criteria**

- Patients and accompanying caregiver must be able to understand, comply and cope with post procedural instructions
- Accompanying caregiver: All patients selected for day care surgery must have a responsible caregiver to accompany patient home and supervise their recovery for a minimum period of 24 hours.
- For children, 2 caregivers should accompany the child home - one to drive the vehicle, the other to care for the child.
- Transport: Post surgery, appropriate transport must be available to take the patient home and also to return to hospital in the event of emergency. Travel on public transport or motorcycle following a general anaesthesia is not recommended.
- Location: Preferably patient should live within 1 hour from hospital.
- Communication: Patient must have access to telephone services at all times.

### **Surgical criteria**

- Duration of surgery should not last more than 90 minutes.
- Procedures should have minimal risk of airway compromise.
- Procedures should have minimal risk of haemorrhage.

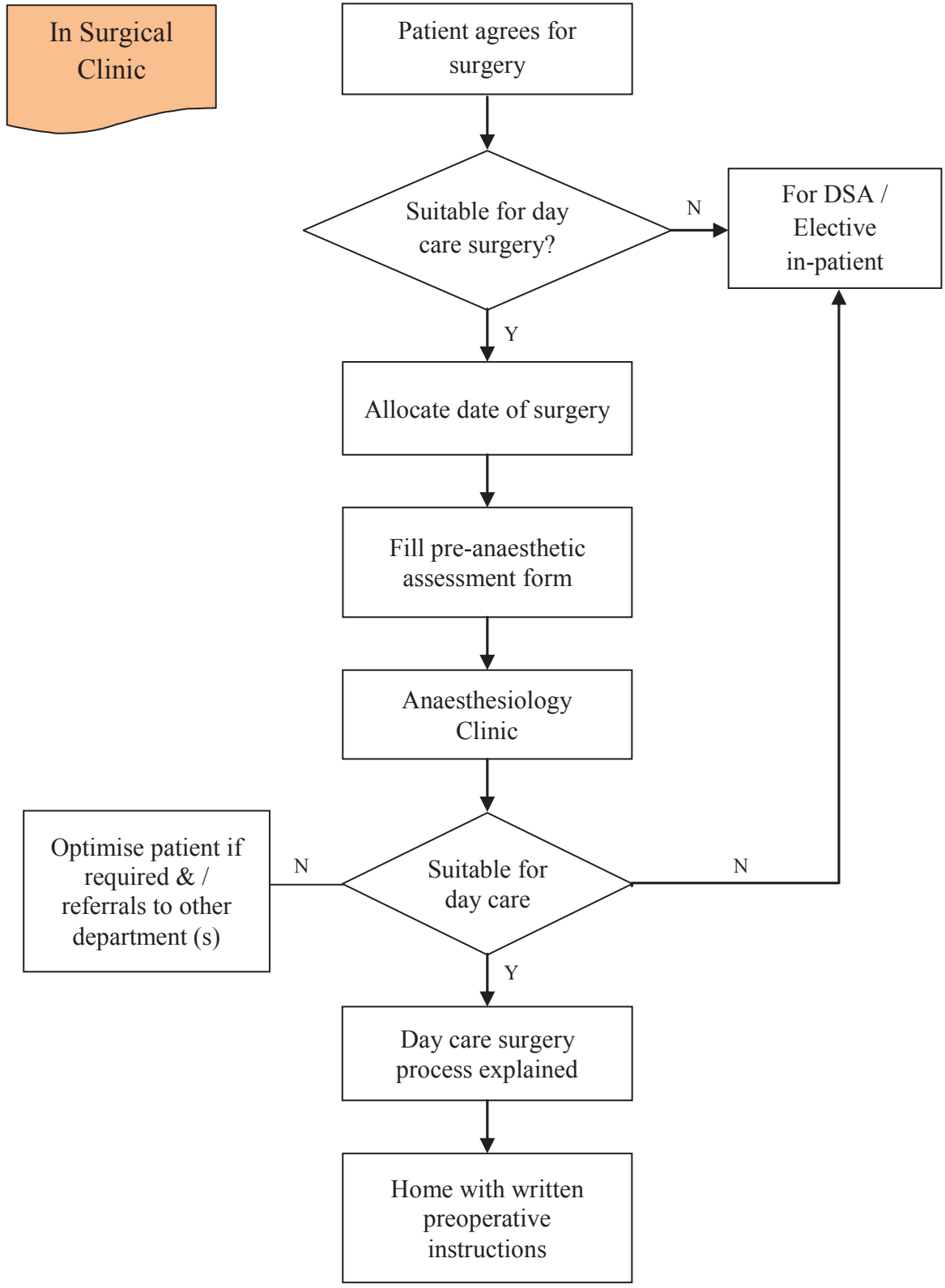
- Procedures with postoperative pain that can be controlled by outpatient management analgesia technique.
- No special postoperative nursing care required.
- Patient should not have prolonged immobility after procedure.
- Rapid return to normal food and fluid intake.

### **Procedures For Day Care Surgery**

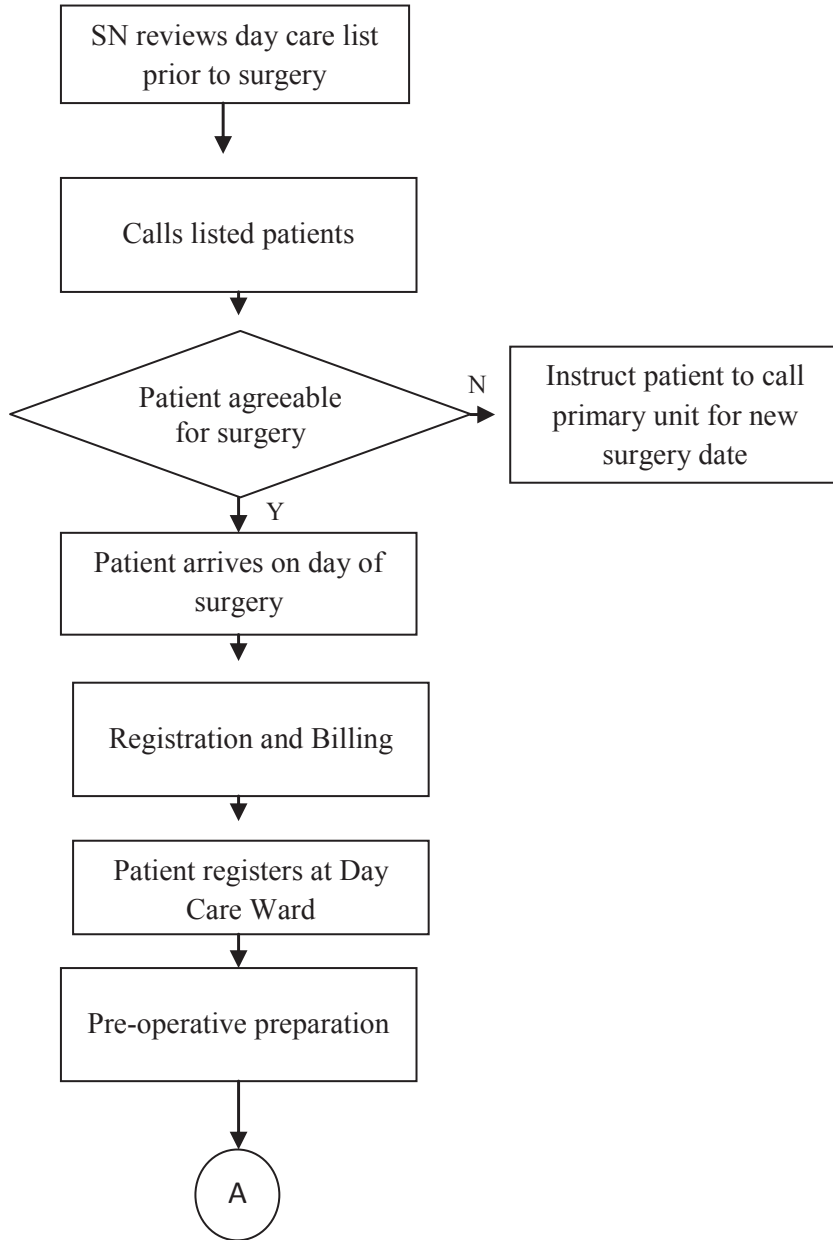
(Refer to Appendix 1)

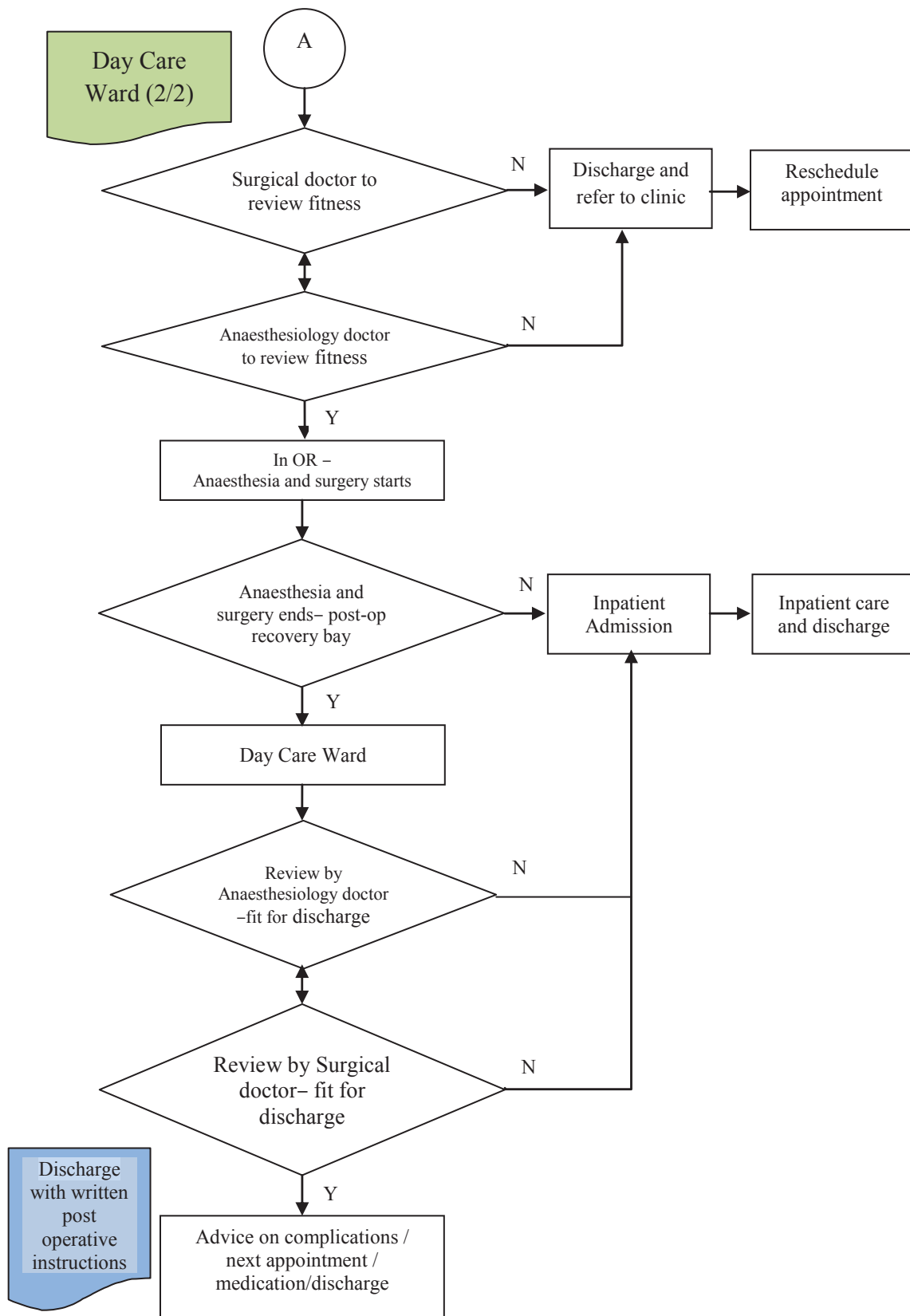
### **9.0 Preanaesthetic Assessment (for Pre-anaesthetic Investigations to refer to Appendix 2 for NICE guideline 2016)**

### 8.0 Day Care Surgery and Anaesthesia Work Flow

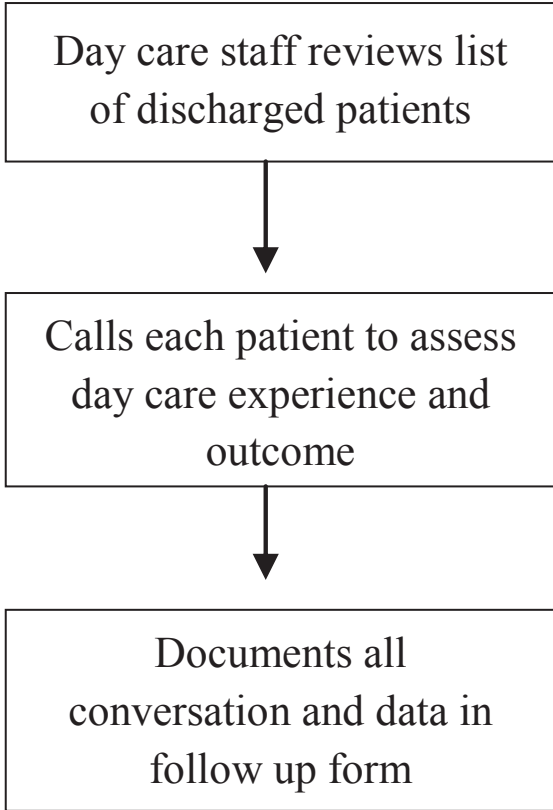


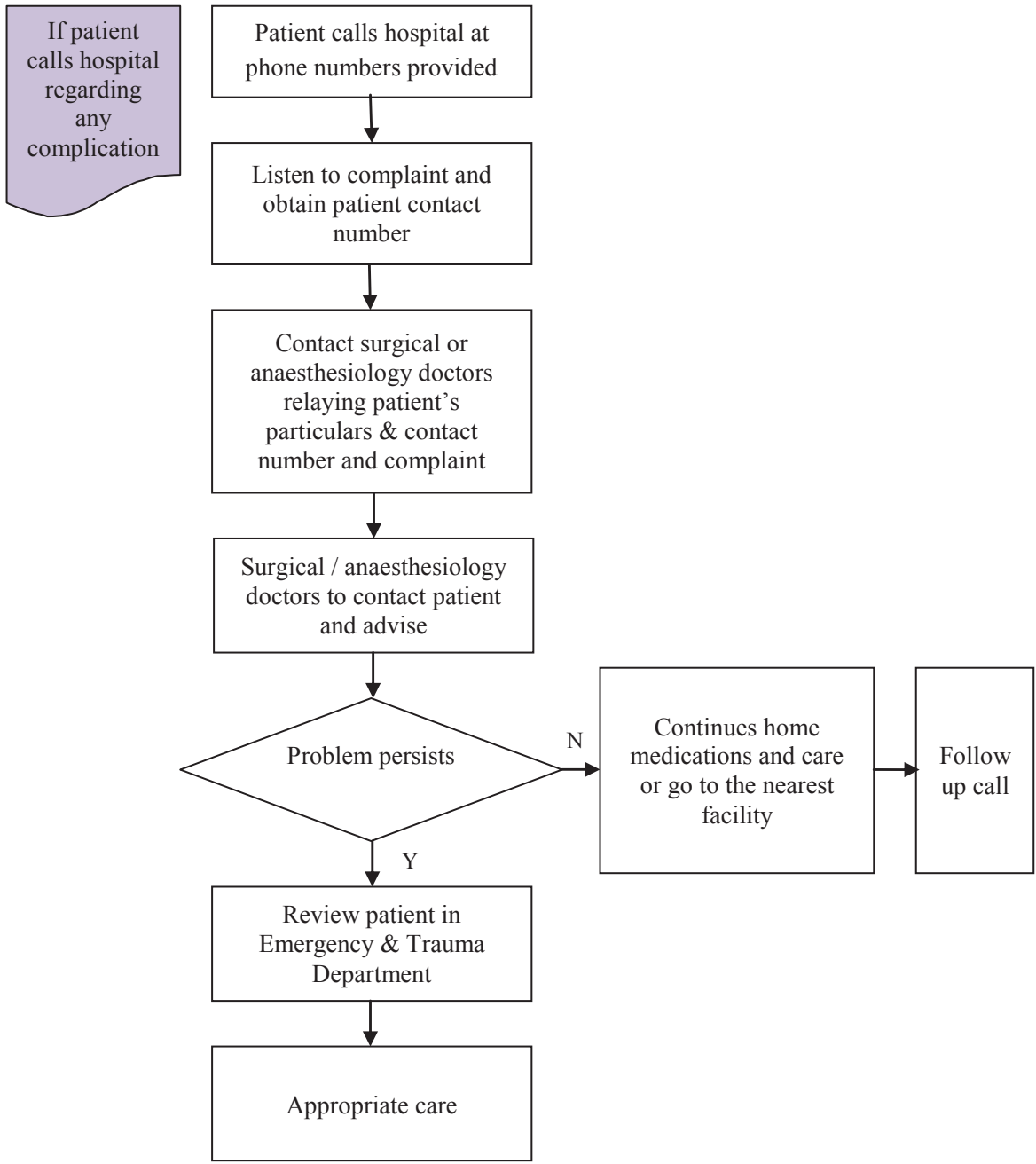
Day Care  
Ward (1/2)





Day after surgery





## 10.SUMMARY

Day care surgery is a process of care by which suitable patients are managed with admission, treatment and discharge on the same calendar day, ideally within a dedicated, ring-fenced environment.

Patients undergoing day care surgery move through a continuum of medical care to which physicians and surgeons contribute to achieve best possible outcome. New surgical, anaesthetic and analgesic techniques which minimize morbidity and mortality should become the focus in day care surgery.

The future has the potential for an increase in day care surgery as more MOH hospitals offer day care services. Consolidation and development of best management practices are necessary for sustained day care anaesthesia and surgery services.

We believe the review of the current protocols for day care anaesthesia will enhance practices and pave the way forward.



## Appendix 1

### List of surgical – based discipline considered for Day Care Surgery<sup>7</sup>

- General surgery
- Paediatric surgery
- Breast & Endocrine surgery
- Plastic & Reconstructive surgery
- Obstetrics & Gynaecology
- Orthopaedic
- Otorhinolaryngology
- Ophthalmology
- Urology
- Oral & Maxillofacial surgery
- Paediatric Dental surgery
- Vascular surgery
- Upper GI surgery
- Colorectal surgery
- Hepatobiliary surgery

## GENERAL SURGERY

### NO PROCEDURES & ICD -9CM

1	Laparoscopic unilateral repair of inguinal hernia	17.1
2	Laparoscopic repair of direct inguinal hernia with graft prosthesis	17.11
3	Laparoscopic repair of indirect inguinal hernia with graft or Prosthesis	17.12
4	Laparoscopic repair of inguinal hernia with graft or prosthesis, not otherwise specified	17.13
5	Laparoscopic bilateral repair of inguinal; hernia	17.2
6	Laparoscopic bilateral repair of direct inguinal hernia with graft or prosthesis	17.21
7	Laparoscopic bilateral repair of indirect inguinal hernia with graft or prosthesis	17.22
8	Laparoscopic bilateral repair of inguinal hernia, one direct and one indirect, with graft or prosthesis	17.23
9	Laparoscopic bilateral repair of inguinal hernia with graft or prosthesis, not otherwise specified	17.24
10	Simple excision of lymphatic structure	40.2
11	Excision of deep cervical lymph node	40.21
12	Excision of internal mammary lymph node	40.22
13	Excision of axillary lymph node	40.23
14	Excision of inguinal lymph node	40.24

15	Laparoscopic incidental appendectomy	47.11
16	Laparoscopic cholecystectomy That by laser	51.23
17	Repair of Hernia Includes: hernioplasty herniorrhaphy	53.0
18	Other unilateral repair of inguinal hernia	53.0
19	Unilateral repair of inguinal hernia, not otherwise specified	53.00
20	Other and open repair of direct inguinal hernia Direct and indirect inguinal hernia	53.01
21	Other and open repair of indirect inguinal hernia	53.02
22	Other and open repair of direct inguinal hernia with graft or prosthesis	53.03
23	Other and open repair of indirect inguinal hernia with graft or prosthesis	53.04
24	Repair of inguinal hernia with graft or prosthesis, not otherwise specified	53.05
25	Other bilateral repair of inguinal hernia	53.1
26	Bilateral repair of inguinal hernia, not otherwise specified	53.10
27	Other and open bilateral repair of direct inguinal hernia	53.11
28	Other and open bilateral repair of indirect inguinal hernia	53.12
29	Other and open bilateral repair of inguinal hernia, one direct and one indirect	53.13

30	Other and open bilateral repair of direct inguinal hernia with graft or prosthesis	53.14
31	Other and open bilateral repair of indirect inguinal hernia with graft or prosthesis	53.15
32	Other and open bilateral repair of inguinal hernia, one direct and one indirect, with graft or prosthesis	53.16
33	Bilateral inguinal hernia repair with graft or prosthesis, not otherwise specified	53.17
34	Unilateral repair of femoral hernia	53.2
35	Unilateral repair of femoral hernia with graft or prosthesis	53.21
36	Other unilateral femoral herniorrhaphy	53.29
37	Bilateral repair of femoral hernia	53.3
38	Bilateral repair of femoral hernia with graft or prosthesis	53.31
39	Repair of umbilical hernia	53.4
40	Other and open repair of umbilical hernia with graft or prosthesis	53.41
41	Other open umbilical herniorrhaphy	53.49
42	Local excision of lesion of breast Lumpectomy	
	Removal of area of fibrosis from breast	85.21
43	Resection of quadrant of breast	85.22
44	Excision of ectopic breast tissue Excision of accessory nipple	85.24

45      Excision of nipple      85.25

46      Operations on skin and subcutaneous tissues

Includes operations on: Hair follicles      86

Male perineum

Nails

Sebaceous glands

Subcutaneous fat pads

Sudoriferous glands

Superficial fossae

## OPHTHALMOLOGY

NO	PROCEDURES	CODES
1	Incision of eyelid	08.0
2	Incision of lid margin	08.01
3	Other incision of eyelid	08.09
4	Excision or destruction of lesion or tissue of eyelid	08.2
5	Removal of lesion of eyelid, not otherwise specified	08.20
6	Excision of chalazion	08.21
7	Excision of other minor lesion of eyelid Excision of: verruca Wart	08.22
8	Excision of major lesion of eyelid, partial thickness Excision involving one-fourth or more of lid margin, partial thickness	08.23
9	Excision of major lesion of eyelid, full thickness Excision involving one fourth or more of lid margin, full thickness Wedge resection of eyelid	08.24
10	Destruction of lesion of eyelid	08.25
11	Repair of blepharoptosis and lid retraction	08.30
12	Repair of blepharoptosis by frontalis muscle technique with suture	08.31
13	Repair of blepharoptosis by frontalis muscle technique with fascial sling	08.32
14	Repair of blepharoptosis by resection or advancement of levator muscle or aponeurosis	08.33

15	Repair of blepharoptosis by other levator muscle technique	08.34
16	Repair of blepharoptosis by tarsal technique	08.35
17	Repair of blepharoptosis by other technique Correction of eyelid ptosis NOS Orbicularis oculi muscle slings for correction of blepharoptosis	08.36
18	Reduction of overcorrection of ptosis	08.37
19	Correction of lid retraction	08.38
20	Repair of entropion or ectropion	08.40
21	Repair of entropion or ectropion by thermos cauterization	08.41
22	Repair of entropion or ectropion by suture technique	08.42
23	Repair of entropion or ectropion with wedge resection	08.43
24	Repair of entropion or ectropion with lid reconstruction	08.44
25	Other repair of entropion or ectropion	08.49
26	Other adjustment of lid position	08.50
27	Canthotomy	08.51
28	Blepharorrhaphy Canthorrhaphy Tarsorrhaphy	08.52
29	Other Canthoplasty NOS Repair of epicanthal fold	08.59

30	Reconstruction of eyelid with flaps or grafts	08.60
31	Reconstruction of eyelid with skin flap or graft	08.61
32	Reconstruction of eyelid with mucous membrane flap or graft	08.62
33	Reconstruction of eyelid with hair follicle	08.63
34	Reconstruction of eyelid with tarsoconjunctival flap	08.64
35	Other reconstruction of eyelid with flaps or grafts	08.69
36	Other reconstruction of eyelid	08.7
37	Reconstruction of eyelid, not otherwise specified	08.70
38	Reconstruction of eyelid involving lid margin, partial-thickness	08.71
39	Other reconstruction of eyelid, partial-thickness	08.72
40	Reconstruction of eyelid involving lid margin, full-thickness	08.73
41	Other reconstruction of eyelid, full-thickness	08.74
42	Other repair of eyelid	08.80
43	Linear repair of laceration of eyelid or eyebrow	08.81
44	Repair of laceration involving lid margin, partial-thickness	08.82
45	Other repair of laceration of eyelid, partial thickness	08.83
46	Repair of laceration involving lid margin, full-thickness	08.84



47	Other repair of laceration of eyelid, full-thickness	08.85
48	Lower eyelid rhytidectomy	08.86
49	Upper eyelid rhytidectomy	08.87
50	Other eyelid repair	08.89
51	Other operation on eyelids	08.90
52	Electrosurgical epilation of eyelid	08.91
53	Cryosurgical epilation of eyelid	08.92
54	Other epilation of eyelid	08.93
55	Other	08.99
56	Manipulation of lacrimal passage Removal of calculus That with dilation	09.40
57	Probing of lacrimal punctum	09.41
58	Probing of lacrimal canaliculi	09.42
59	Probing of nasolacrimal duct	09.43
60	Intubation of nasolacrimal duct Insertion of stent into nasolacrimal duct	09.44
61	Other manipulation of lacrimal passage	09.49
62	Incision of lacrimal sac and passage	09.50
63	Incision of lacrimal punctum	09.51
64	Incision of lacrimal canaliculi	09.52
65	Incision of lacrimal sac	09.53

66	Other incision of lacrimal passages Incision (and drainage) of nosolacrimal duct NOS	09.59
67	Repair of canaliculi and punctum	09.70
68	Correction of everted punctum	09.71
69	Other repair of punctum	09.72
70	Repair of canaliculus	09.73
71	Fistulization of lacrimal tract to nasal cavity	09.80
72	Dacryocystorhinostomy(DCR)	09.81
73	Conjunctivocystorhinotomy Conjunctivodacryocystorhinostomy (CDCR)	09.82
74	Conjunctivorhinostomy with insertion of tube or stent	09.83
75	Operation on conjunctiva	10
76	Removal of embedded foreign body from conjunctiva by incision	10.0
77	Other incision of conjunctiva	10.1
78	Diagnostic procedures on conjunctiva	10.2
79	Biopsy of conjunctiva	10.21
80	Other diagnostic procedures on conjunctiva	10.29
81	Excision or destruction of lesion or tissue of conjunctiva	10.3
82	Excision of lesion or tissue of conjunctiva Excision of ring of conjunctiva around cornea	10.31

83	Destruction of lesion of conjunctiva	10.32
84	Other destructive procedures on conjunctiva	
	Removal of trachoma follicle	10.33
85	Conjunctivoplasty	10.4
86	Repair of symblepharon with free graft	10.41
87	Reconstruction of conjunctival cul-de-sac with free graft	10.42
88	Other reconstruction of conjunctival cul-de-sac	10.43
89	Other free graft to conjunctiva	10.44
90	Other conjunctivoplasty	10.49
91	Lysis of adhesion of conjunctiva and eyelid	
	Division of symblepharon (with insertion of conformer)	10.5
92	Repair of laceration of conjunctiva	10.6
93	Other operations on conjunctiva	10.9
94	Subconjunctival injection	10.91
95	Other	10.99
96	Diagnostic procedures on cornea	11.2
97	Scraping of cornea for smear or culture	11.21
98	Biopsy of cornea	11.22
99	Other diagnostic procedures on cornea	11.29
100	Excision of pterygium	11.3

101	Transposition of pterygium	11.31
102	Excision of pterygium with corneal graft	11.32
103	Other excision of pterygium	11.39
104	Excision or destruction of tissue or other lesion of cornea	11.4
105	Mechanical removal of corneal epithelium	11.41
106	Thermo-cauterization of corneal lesion	11.42
107	Other removal or destruction of corneal lesion	11.49
108	Other reconstructive and refractive surgery on cornea	11.7
109	Keratomileusis	11.71
110	Keratophakia	11.72
111	Keratoprosthesis	11.73
112	Thermokeratoplasty	11.74
113	Radial keratotomy	11.75
114	Epikeratophakia	11.76
115	Other	11.79
116	Other operation on cornea	11.9
117	Tattooing of cornea	11.91
118	Removal of artificial implant from cornea	11.92
119	Other	11.99
120	Iridotomy and simple iridectomy	12.1

121	Iridotomy with transfixion	12.11
122	Other iridotomy	
	Corectomy	
	Discussion of iris	
	Iridotomy NOS	12.12
123	Excision of prolapsed iris	12.13
124	Other iridectomy	12.14
125	Diagnostic procedures on iris, ciliary body, sclera, and anterior chamber	12.2
126	Diagnostic aspiration of anterior chamber of eye	12.21
127	Biopsy of iris	12.22
128	Other diagnostic procedures on iris, ciliary body, sclera, and anterior chamber	12.29
129	Iridoplasty and coreoplasty	12.3
130	Lysis of goniosynechiae	
	Lysis of goniosynechiae by injection of air or liquid	12.31
131	Lysis of other anterior synechiae	
	Lysis of anterior synechiae:	
	NOS	
	By injection of air or liquid	12.32
132	Lysis of posterior synechiae	
	Lysis of iris adhesion NOS	12.33
133	Lysis of corneovitreal adhesions	12.34

134	Coreoplasty Needling of pupillary membrane	12.35
135	Other iridoplasty	12.39
136	Excision or destruction of lesion of iris and ciliary body  Removal of lesion of anterior segment of eye, not otherwise specified	12.4
137	Destruction of lesion of iris, nonexcisional Destruction of lesion of iris by: Cauterization Cryotherapy Photocoagulation	12.41
138	Excision of lesion of iris	12.42
139	Destruction of lesion of ciliary body, nonexcisional	12.43
140	Excision of lesion of ciliary body	12.44
141	Other procedures for relief of elevated intraocular pressure	12.7
142	Cyclodiathermy	12.71
143	Cyclocryotherapy	12.72
144	Cyclophotocoagulation	12.73
145	Diminution of ciliary body, not otherwise specified	12.74
146	Other glaucoma procedures	12.79

147	Other operation on iris, ciliary body, and anterior chamber	12.9
148	Therapeutic evacuation of anterior chamber Paracentesis of anterior chamber	12.91
149	Injection into anterior chamber Injection of: air, liquid, medication into anterior chamber	12.92
150	Removal or destruction of epithelial down growth from anterior chamber	12.93
151	Other operation on iris	12.97
152	Other operation on ciliary body	12.98
153	Other operations on anterior chamber	12.99
154	Intra capsular extraction of lens Code also any synchronous insertion of pseudophakos (13.71)	13.1
155	Intra capsular extraction of lens by temporal inferior route	13.11
156	Other intra capsular extraction of lens Cataract extraction NOS Cryoextraction of lens Erysiptake extraction of cataract Extraction of lens NOS	13.19
157	Extra capsular extraction of lens by linear extraction technique	13.2
158	Extra capsular extraction of lens by simple aspiration (and irrigation) technique	13.3

159	Extra capsular extraction of lens by fragmentation and aspiration technique	13.4
160	Phacoemulsification and aspiration of cataract	13.41
161	Mechanical phacofragmentation and aspiration of cataract by posterior route Code also any synchronous vitrectomy(14.74)	13.42
162	Mechanical phacofragmentation and other aspiration of cataract	13.43
163	Other extra capsular extraction of lens Code also any synchronous insertion of pseudophakos (13.71)	13.5
164	Extra capsular extraction of lens by temporal inferior route	13.51
165	Other extra capsular extraction of lens	13.59
166	Other cataract extraction Code also any synchronous insertion of pseudophakos (13.71)	13.6
167	Discission of secondary membrane(after cataract)	13.64
168	Excision of secondary membrane Capsulectomy	13.65
169	Mechanical fragmentation of secondary membrane (after cataract)	13.66
170	Other cataract extraction	13.69
171	Insertion of prosthetic lens (pseudophakos)	13.7
172	Insertion of pseudophakos, NOS	13.70



173	Insertion of intraocular lens prosthesis at time of cataract extraction, one-stage	
	Code also synchronous extraction of cataract (13.11-13.69)	13.71
174	Secondary insertion of intraocular lens prosthesis	13.72
175	Removal of implanted lens Removal of pseudophakos	13.8
176	Destruction of lesion of retina and choroid	14.2
177	Destruction of chorioretinopathy or isolated chorioretinal lesion	
178	Destruction of chorioretinal lesion by diathermy	14.21
179	Destruction of chorioretinal lesion by cryotherapy	14.22
180	Destruction of chorioretinal lesion by xenon arc photocoagulation	14.23
181	Destruction of chorioretinal lesion by laser photocoagulation	14.24
182	Destruction of chorioretinal lesion by photocoagulation of unspecified type	14.25
183	Destruction of choriretinal lesion by radiation therapy	14.26
184	Destruction of chorioretinal lesion by implantation of radiation source	14.27
185	Other destruction of choriretinal lesion Destruction of lesion of retina and choroid NOS	14.29

186	Repair of retinal tear Repair of retinal defect	14.3
187	Repair of retinal tear by diathermy laser surgery (YAG)	14.31
188	Repair of retinal tear by cryotherapy	14.32
189	Repair of retinal tear by xenon arc photocoagulation	14.33
190	Repair of retinal tear by laser photocoagulation	14.34
191	Repair of retinal tear by photocoagulation of unspecified type	14.35
192	Other repair of retinal tear	14.39

## OTORHINOLARYNGOLOGY

### OPERATIONS ON THE EAR

NO	PROCEDURES	CODES
1	Operation on external ear	18.0
2	Piercing of ear lobe	18.01
3	Incision of external auditory canal	18.02
4	Other incision of external ear	18.03
5	Diagnostic procedures on external ear	18.1
6	Otoscopy	18.11
7	Biopsy of external ear	18.12
8	Other diagnostic procedures on external ear	18.19
9	Excision or destruction of lesion of external ear	18.2
10	Excision of pre-auricular sinus	18.21
11	Excision or destruction of other lesion of external ear Cauterization of external ear Coagulation of external ear Cryosurgery of external ear Curettage of external ear Electrocoagulation of external ear Enucleation of external ear Excision of: exostosis of external auditory canal Pre auricular remnant (appendage) Partial excision of ear	18.29

12	Suture of laceration of external ear	18.4
13	Reconstruction of external auditory canal Canaloplasty of external auditory meatus Construction(reconstruction) of external meatus of ear: Osseous portion Skin-lined (with skin graft)	18.6
14	Other operation on external ear	18.9
15	Reconstructive operations on middle ear	19
16	Stapes mobilization Division, otosclerotic: material, process, remobilization of stapes, stapediolysis, transcrural stapes mobilization	19.0
17	Stapedectomy with incus replacement Stapedectomy with incus Homograft Prosthesis	19.11
18	Other stapedectomy	19.19
19	Revision of stapedectomy with incus replacement	19.21
20	Other revision of stapedectomy	19.29
21	Other operation on ossicular chain	19.3
22	Myringoplasty	19.4
23	Other tympanoplasty	19.5
24	Revision of tympanoplasty	19.6
25	Other repair of middle ear	19.9
		44



26	Myringotomy with insertion of tube	20.01
27	Other myringotomy	20.09
28	Removal of tympanostomy	20.1
29	Incision of mastoid	20.21
30	Incision of middle ear	20.23
31	Electrocochleography	20.31
32	Biopsy of middle and inner ear	20.32
33	Other diagnostic procedures on middle and inner ear	20.39
34	Operation on Eustachian tube	20.8
35	Injection of tympanum	20.94
36	Implantation of electromagnetic hearing device; bone conduction hearing device	20.95
37	Other operation on middle and inner ear	20.99

### OPERATIONS ON THE NOSE, MOUTH AND PHARYNX

1	Control of epistaxis, not otherwise specified	21.00
2	Control of epistaxis by anterior nasal packing	21.01
3	Control of epistaxis by posterior (and anterior) packing	21.02
4	Control of epistaxis by cauterization (and packing)	21.03
5	Control of epistaxis by other means	21.09
6	Incision of nose	21.1

7	Rhinoscopy	21.21
8	Biopsy of nose	21.22
9	Other diagnostic procedure on nose	21.29
10	Excision or destruction of lesion of nose ,not otherwise specified	21.30
11	Local excision or destruction of intranasal lesion; nasal polypectomy	21.31
12	Local excision or destruction of other lesion of nose	21.32
13	Sub- mucous resection of nasal septum	21.5
14	Turbinectomy by diathermy or cryosurgery	21.61
15	Fracture of the turbinates	21.62
16	Other turbinectomy	21.69
17	Closed reduction of nasal fracture	21.71
18	Open reduction of nasal fracture	21.72
19	Suture of laceration of nose	21.81
20	Closure of nasal fistula	21.82
21	Other septoplasty	21.88
22	Lysis of adhesion of nose	21.91
23	Other nasal procedures	21.99
24	Aspiration and lavage of nasal sinus, not otherwise specified	22.00

25	Puncture of nasal sinus for aspiration or lavage	22.01
26	Aspiration or lavage of nasal sinus through natural ostium	22.02
27	Closed (endoscopic)(needle) biopsy of nasal sinus	22.11
28	Open biopsy of nasal sinus	22.12
29	Other diagnostic procedures on nasal sinuses endoscopy without biopsy	22.19
30	Intranasal antrotomy	22.2
31	Closure of nasal –antral fistula repair if oroantral fistula	22.71
32	Excision or destruction of lesion or tissue of tongue	25.1
33	Closed (needle) biopsy of tongue	25.01
34	Open biopsy of tongue / wedge biopsy	25.02
35	Other diagnostic procedures on tongue	25.09
36	Suture of laceration of tongue	25.51
37	Lingual frenotomy	25.91
38	Lingual frenectomy	25.92
39	Lysis of adhesions of tongue	25.93
40	Other tongue procedures	25.99
41	Incision of salivary gland or duct	26.0
42	Closed (needle) biopsy of salivary gland or duct	26.11

43	Open biopsy of salivary gland or duct	26.12
44	Other diagnostic procedures on salivary glands and ducts	26.19
45	Marsupialization of salivary gland cyst	26.21
46	Other excision of salivary gland lesion	26.29
47	Suture of laceration of salivary gland	26.41
48	Closure of salivary fistula	26.42
49	Other repair and plastic operation on salivary gland or duct	26.49
50	Probing of salivary duct	26.91
51	Other procedures	26.99
52	Drainage of face and floor of mouth	27.0
53	Incision of palate	27.1
54	Biopsy of bony palate	27.21
55	Biopsy of uvula and soft palate	27.22
56	Biopsy of lip	27.23
57	Biopsy of mouth, unspecified structure	27.24
58	Other diagnostic procedures on oral cavity	27.29
59	Local excision or destruction of lesion or tissue of bony palate	
	Local excision or destruction of palate by:	
	Cautery, chemotherapy, cryotherapy	27.31



60	Suture of laceration of lips	27.51
61	Suture of laceration of other part of mouth	27.52
62	Closure of fistula of mouth	27.53
63	Incision of uvula	27.71
64	Excision of uvula	27.72
65	Repair of uvula	27.73
66	Other operation on uvula	27.79
67	Incision of mouth, unspecified structure	27.92
68	Other operations on oral cavity	27.99
69	Incision and drainage of tonsil and peritonsillar structures	28.0
70	Biopsy of tonsils and adenoids	28.11
71	Other diagnostic procedures on tonsils and adenoids	28.19
72	Tonsillectomy without adenoidectomy	28.2
73	Tonsillectomy with adenoidectomy	28.3
74	Excision of tonsil tag	28.4
75	Excision of lingual tonsil	28.5
76	Adenoidectomy without tonsillectomy	28.6
77	Removal of foreign body from tonsil and adenoid by incision	28.91

78	Excision of lesion of tonsil and adenoid	28.92
79	Other	28.99
80	Pharyngoscopy	29.11
81	Other diagnostic procedures on pharynx	29.19
82	Suture of laceration of pharynx	29.51
83	Closure of other fistula of pharynx	29.53
84	Lysis of pharyngeal adhesion	29.54
85	Other repair of pharynx	29.59
86	Dilation of pharynx, nasopharynx	29.91
87	Other operation of pharynx	29.99
88	Biopsy of lymphatic structure Transbronchoscopic needle aspiration(TBNA) of lymph node	40.11
89	Excision of deep cervical lymph node	40.21
90	Removal of other foreign body without incision from head and neck	
	Removal of embedded foreign body from eyelid or conjunctiva without incision	98.22
91	Removal of intraluminal foreign body from ear without incision	98.11
92	Irrigation of ear Irrigation with removal of cerumen	96.52
93	Packing of external auditory canal	96.11

94	Removal of intraluminal foreign body from mouth without incision	98.01
95	Removal of intraluminal foreign body from pharynx without incision	98.13
96	Insertion of endotracheal tube	96.04
97	Dilatation of esophagus	42.92

### ORAL & MAXILLOFACIAL SURGERY

NO	PROCEDURES	CODES
1	Other external maxillary antrotomy	22.39
2	Closure of nasal –antral fistula repair if oroantral fistula	22.71
3	Removal and restoration of teeth	23
4	Forceps extraction of tooth	23.0
5	Extraction of other tooth Extraction of tooth NOS	23.09
6	Surgical removal of tooth	23.1
7	Other surgical extraction of tooth Odontectomy NOS Removal of impacted tooth Tooth extraction with elevation of mucoperiosteal Flap	23.19
8	Implantation of tooth	23.5
9	Prosthetic dental implant	

	Endosseous dental implant	23.6
10	Apicoectomy	23.73
11	Other operation on gum	24.3
12	Excision of lesion or tissue of gum	24.31
13	Alveoloplasty Alveolectomy (interradicular) (intraseptal) (radical) (simple) (with graft or implant)	24.5
14	Exposure of tooth	24.6
15	Application of orthodontic appliance Application, insertion, or fitting of: Arch bars Orthodontic obturator Orthodontic wiring Periodontal splint	24.7
16	Extension or deepening of buccolabial or lingual sulcus	24.91
17	Excision or destruction of lesion or tissue of tongue	25.1
18	Sialoadenectomy	26.3
19	Closure of salivary fistula	26.42
20	Other repair and plastic operation on salivary gland or duct	26.49
21	Other procedures	26.99
22	Local excision or destruction of lesion or tissue of bony palate Local excision or destruction of palate by:	

	Cautery, chemotherapy, cryotherapy	27.31
23	Other excision of lesion or tissue of lip	27.43
24	Other excision of mouth	27.49
25	Suture of laceration of lips	27.51
26	Suture of laceration of other part of mouth	27.52
27	Incision of mouth, unspecified structure	27.92
28	Local excision or destruction of lesion of facial bone	76.2
29	Other reconstruction of other facial bone	76.46
30	Other reconstruction of mandible	76.43
31	Open reduction of temporomandibular dislocation	76.95
32	Marsupialization oral cavity	76.2
33	TMJ-reduction-open	76.94
34	TMJ-reduction-closed	76.93
35	Closed reduction & fixation-midfacial bone	76.73
36	Closed reduction & fixation-mandible	76.75
37	Elevation maxillofacial-zygomatic arch/complex	76.72
38	Open reduction & internal fixation-mandible	76.76
39	Open reduction & internal fixation of dentoalveolar fracture-per site	76.77
40	Augmentation-alveolar bone-with graft	76.91
41	Augmentation-chin	76.68

42	Sequestrectomy - maxilla	76.01
43	Implant maxillofacial 1st stage surgery-per unit	76.92
44	Operation on cranial and peripheral nerves	04
45	Division of trigeminal nerve Retrogasserianneurotomy	04.02
46	Other neuroplasty	04.79
47	Removal of foreign body-orofacial	98.01
48	Removal dental implant-per unit	97.35
49	Removal maxillofacial implant-per unit	76.99
50	Removal internal fixation-maxillofacial	76.97
51	Removal external fixation- maxillofacial	97.39
52	Control of hemorrhage- Post surgery	39.98
53	Harvesting of bone -intra-oral	76.99
54	Harvesting of skin graft	86.6

## PAEDIATRIC SURGERY

NO	PROCEDURES	CODES
1	Excision Of Thyroglossal Duct Or Tract	06.7
2	Lingual frenotomy	25.91
3	Excision of branchial cleft cyst or vestige	29.2
4	Excision or destruction of other lesion of external ear	
	Cauterization of external ear	
	Coagulation of external ear	
	Cryosurgery of external ear	
	Curettage of external ear	
	Electrocoagulation of external ear	
	Enucleation of external ear	
	Excision of:	
	Exostosis of external auditory canal	
	Pre auricular remnant (appendage)	
	Partial excision of ear	18.29
5	Esophogogastroduodenoscopy (EGD) with closed biopsy	45.16
6	Endoscopic polypectomy of large intestine	45.42
7	Colonoscopy	
	Flexible fiberoptic colonoscopy	45.23
8	Flexible sigmoidoscopy	
	Endoscopy of descending colon	45.24
9	Other and open repair of indirect inguinal hernia	53.02

10	Other and open bilateral repair of direct inguinal hernia	53.11
11	Other and open repair of umbilical hernia with graft or prosthesis	53.41
12	Diagnostic procedure on the bladder	57.3
13	Circumcision	64.0
14	Unilateral orchiectomy	
	Orchidectomy (with epididymectomy) NOS	62.3
15	Orchiopexy	62.5

## ORTHOPEDECS

NO	PROCEDURES	CODES
		04.43
1	Release of Carpal tunnel	
2	Open reduction of fracture with external fixation Carpal & metacarpal	79.33
3	Arthroscopy	80.2
4	Arthroscopy Knee Excision of semilunar cartilage of knee	80.26
5	Excision of meniscus of knee	80.6
6	Synovectomy Complete or partial resection of synovial membrane	80.7
		56



7	Excision of lesion of tendon sheath of hand	82.21
8	Excision of other lesion of soft tissue of hand	82.29
9	Open biopsy of soft tissue	83.21
10	Excision of lesion of tendon sheath	
	Excision of ganglion of tendon sheath, except of hand	83.31
11	Suture of tendon sheath	83.61
12	Delayed suture of tendon	83.62
13	Revision of amputation stump	84.3
14	Closed biopsy of skin and subcutaneous tissue	86.11

## BREAST & ENDOCRINE SURGERY

NO	PROCEDURES	CODES
1	Partial substernal thyroidectomy	06.51
2	Excision of deep cervical lymph node	40.21
3	Excision of axillary lymph node	40.23
4	Local excision of lesion of breast	
	Lumpectomy Removal of area of fibrosis from breast	85.21
5	Resection of quadrant of breast	85.22
6	Excision of ectopic breast tissue	
	Excision of accessory nipple	85.24
7	Excision of nipple	85.25
8	Closed biopsy of skin and subcutaneous tissue	86.11

## UPPER GASTROINTESTINAL SURGERY

NO	PROCEDURES	CODES
1	Esophagomyotomy	42.7
2	Dilation of esophagus	
	Dilation of cardiac sphincter	42.92
3	Percutaneous (endoscopic) gastrostomy (PEG)	
	Percutaneous transabdominal gastrostomy	43.11
4	Other gastrostomy	43.19
5	Laparoscopic procedures for creation of esophagogastric sphincteric competence	
	Fundoplication	44.67
6	Open jejunostomy	46.39
7	Insertion of totally implantable vascular access device(VAD)	
	Totally implanted port	86.07
8	Esophageal manometry	89.32

## COLORECTAL SURGERY

NO	PROCEDURES	CODES
1	Incision or excision of anal fistula	49.1
2	Anal fistulotomy	49.11
3	Anal fistulectomy	49.12
4	Procedures on hemorrhoids	49.4
5	Reduction of hemorrhoids	49.41
6	Injection of hemorrhoids	49.42
7	Cauterization of hemorrhoids	
	Clamp and cautery of hemorrhoids	49.43
8	Destruction of hemorrhoids by cryotherapy	49.44
9	Ligation of hemorrhoids	49.45
10	Excision of hemorrhoids	
	Hemorrhoidectomy NOS	49.46
11	Other procedures on hemorrhoids	
	Lord procedure	49.49
12	Division of anal sphincter	49.5
13	Left lateral anal sphincterotomy	49.51
14	Posterior anal sphincterotomy	49.52
15	Other anal sphincterotomy	
	Division of sphincter NOS	49.59
		59

HEPATOBIILIARY SURGERY

NO	PROCEDURES	CODES
1	Laparoscopic cholecystectomy	
	That by laser	51.23
2	Endoscopic retrograde cholangiopancreatography (ERCP)	51.10
3	Cholecystectomy	51.22

UROLOGY

NO	PROCEDURES	
1	Ureterotomy	
	Incision of ureter for:	
	drainage	
	exploration	
	removal of calculus	56.2
2	Diagnostic procedures on ureter	56.3
3	Transurethral clearance of bladder	57.0
4	Other suprapubic cystostomy	57.18
5	Other cystoscopy	
	Transurethral cystoscopy	57.32
6	Closed (transurethral) biopsy of bladder	57.33
7	Transurethral excision or destruction of bladder tissue	57.4
8	Urethral meatotomy	58.1
		60

9	Urethral meatoplasty	58.47
10	Release of urethral stricture	58.5
11	Dilation of urethra	58.6
12	Ureteral catheterization	59.8
13	Ultrasonic fragmentation of urinary stones	59.95
14	Retrograde pyelogram	87.74
15	Retrograde cystourethrogram	87.76
16	Circumcision	64.0
17	Diagnostic procedures on the penis	64.1
18	Dorsal or lateral slit of prepuce	64.91
19	Therapeutic distention of bladder	
	Intermittent distention of bladder	96.25
20	Closed Percutaneous needle biopsy of prostate	60.11
21	Excision of hydrocele (of tunica vaginalis)	61.2
22	Open biopsy of testis	62.12
23	Unilateral orchiectomy	
	Orchidectomy (with epididymectomy) NOS	62.3
24	Bilateral orchiectomy	62.4
25	Orchiopexy	62.5
26	Insertion of testicular prosthesis	62.7
27	Excision of cyst of epididymis	63.2
28	Vasectomy	63.73

## ADDITIONAL UROLOGY PROCEDURES

Resection of vessel with anastomosis

### Angiectomy

Excision of: aneurysm (arteriovenous) with anastomosis blood vessel (lesion) with anastomosis

Upper limb vessels: Axillary, Brachial, Radial, Ulnar 38.33

1 Arteriovenostomy for renal dialysis

Anastomosis for renal dialysis

Formation of (peripheral) arteriovenous fistula for renal (kidney) dialysis 39.27

Incision of ureter for: Revision of arteriovenous shunt for renal dialysis

Conversion of renal dialysis:

End-to-end anastomosis to end-to-side

End-to-side anastomosis to end-to-end

Vessel-to-vessel cannula to arteriovenous shunt

Removal of old arteriovenous shunt and creation of new shunt drainage Ligation and stripping of varicose veins 39.42

Lower limb veins: Femoral, Popliteal, Saphenous, Tibial 38.59

exploration Insertion of totally implantable vascular access device (VAD)

Totally implanted port 86.07

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## ADDITIONAL UROLOGY PROCEDURES

Resection of vessel with anastomosis

### Angiectomy

Excision of: aneurysm (arteriovenous) with anastomosis blood vessel (lesion) with anastomosis

Upper limb vessels: Axillary, Brachial, Radial, Ulnar 38.33

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Lower limb veins: Femoral, Popliteal, Saphenous, Tibial 38.59

exploration Insertion of totally implantable vascular access device (VAD)

Totally implanted port 86.07

OBSTETRIC & GYNAECOLOGY

## OPERATIONS ON THE FEMALE GENITAL ORGANS

NO	PROCEDURES	CODES
1	Diagnostic Procedures On Ovaries	65.1
2	Aspiration biopsy of ovary	65.11
3	Other biopsy of ovary	65.12
4	Laparoscopic biopsy of ovary	65.13
5	Other laparoscopic diagnostic procedures on ovaries	65.14
6	Other diagnostic procedures on ovaries	65.19
7	Local excision or destruction of ovarian lesion or tissue	65.2
8	Marsupialization of ovarian cyst	65.21
9	Wedge resection of ovary	65.22
10	Laparoscopic marsupialization of ovarian cyst	65.23
11	Laparoscopic wedge resection of ovary	65.24
12	Unilateral oophorectomy	65.3
13	Laparoscopic unilateral oophorectomy	65.31
14	Other unilateral oophorectomy	65.39
15	Unilateral salpingo-oophorectomy	65.4
16	Laparoscopic unilateral salpingo-oophorectomy	65.41
17	Other unilateral salpingo-oophorectomy	65.49
18	Bilateral salpingo-oophorectomy	65.6
19	Other removal of remaining ovary and tube	65.62
20	Laparoscopic removal of both ovaries and tubes at the same operative episode	65.63



21	Laparoscopic removal of remaining ovary and tube	65.64
22	Other simple suture of ovary	65.71
23	Other re-implantation of ovary	65.72
24	Other salpingo-oophoroplasty	65.73
25	Laparoscopic simple suture of ovary	65.74
26	Laparoscopic re-implantation of ovary	65.75
27	Laparoscopic salpingo-oophoroplasty	65.76
28	Other repair of ovary (oophoropexy)	65.79
29	Biopsy of fallopian tube	66.11
30	Other diagnostic procedures on fallopian tubes	66.19
31	Bilateral endoscopic destruction or occlusion of fallopian tubes	
	Includes: bilateral endoscopic destruction or occlusion of fallopian tubes by:	
	Culdoscopy	
	Endoscopy	
	Hysteroscopy	
	Laparoscopy	
	Peritoneoscopy	
	Endoscopic destruction of solitary fallopian tube	66.2
32	Bilateral endoscopic ligation and crushing of fallopian tubes	66.21

33	Bilateral endoscopic ligation and division of fallopian tubes	66.22
34	Other bilateral endoscopic destruction or occlusion of fallopian tubes	66.29
35	Other bilateral destruction or occlusion of fallopian tubes Includes: destruction of solitary fallopian tube	66.3
36	Other bilateral ligation and crushing of fallopian tubes	66.31
37	Other bilateral ligation and division of fallopian tubes (Pomeroy operation)	66.32
38	Other bilateral destruction or occlusion of fallopian tubes	66.39
39	Total unilateral salpingectomy	66.4
40	Removal of both fallopian tubes at same operative episode	66.51
41	Removal of remaining fallopian tube	66.52
42	Other salpingectomy  Includes: salpingectomy by:  Cauterization  Coagulation  Electrocoagulation  Excision	66.6
43	Excision or destruction of lesion of fallopian tube	66.61
		66



44	Salpingectomy with removal of tubal pregnancy	66.62
45	Bilateral partial salpingectomy, not otherwise specified	66.63
46	Other partial salpingectomy	66.69
47	Insufflation of fallopian tube	
	Insufflation of fallopian tube with:	
	Air	
	Dye	
	Gas	
	Saline	
	Rubin's test	66.8
48	Other operation <sub>4</sub> on fallopian tube	66.9
49	Aspiration of fallopian tube	66.91
50	Unilateral destruction or occlusion of fallopian tube	66.92
51	Implantation or replacement of prosthesis of fallopian tube	66.93
52	Removal of prosthesis of fallopian tube	66.94
53	Insufflation of therapeutic agent into fallopian tubes	66.95
54	Dilation of fallopian tube	66.96
55	Burying of fimbriae in uterine wall	66.97
56	Other	66.99
57	Operation on cervix	67

58	Dilation of cervical canal	67.0
59	Diagnostic procedures on cervix	67.1
60	Endo cervical biopsy	67.11
61	Other cervical biopsy	67.12
62	Other diagnostic procedures on cervix	67.19
63	Conization of cervix	67.2
64	Other excision or destruction of lesion or tissue of cervix	67.3
65	Marsupialization of cervical cyst	67.31
66	Destruction of lesion of cervix by cauterization	67.32
67	Destruction of lesion of cervix by cryosurgery	67.33
68	Other excision or destruction of lesion or tissue of cervix	67.39
69	Other repair of cervix	67.6
70	Suture of laceration of cervix	67.61
71	Repair of fistula of cervix	67.62
72	Other repair of cervix	67.69
73	Diagnostic procedures on uterus and supporting structures	68.1
74	Digital examination of uterus	68.11
75	Hysteroscopy	68.12

76	Closed biopsy of uterine ligaments Endoscopic(laparoscopic) biopsy of uterine adnexa, except ovary and fallopian tube	68.15
77	Closed biopsy of uterus Endoscopic(laparoscopy)(hysteroscopy)biopsy of uterus	68.16
78	Endometrial ablation Dilation and curettage Hysteroscopic endometrial ablation	68.23
79	Dilation and curettage of uterus	69.0
80	Dilation and curettage for termination of pregnancy	69.01
81	Dilation and curettage following delivery or abortion	69.02
82	Other dilation and curettage	69.09
83	Other excision or destruction of uterus and supporting structures	69.19
84	Aspiration curettage of uterus	69.5
85	Aspiration curettage of uterus for termination of pregnancy	69.51
86	Aspiration curettage following delivery or abortion	69.52
87	Other aspiration curettage of uterus	69.59
88	Menstrual extraction or regulation	69.6
89	Insertion of intrauterine contraceptive device	69.7
90	Artificial insemination	69.92
91	Removal of cerclage material from cervix	69.96
		69

92	Operation on vagina and cul-de-sac	70
93	Culdocentesis	70.0
94	Incision of vagina and cul-de-sac	70.1
95	Hymenotomy	70.11
96	Culdotomy	70.12
97	Other vaginotomy	70.14
98	Diagnostic procedures on vagina and cul-de-sac	70.2
99	Vaginoscopy	70.21
100	Culdoscopy	70.22
101	Biopsy of cul-de-sac	70.23
102	Vaginal biopsy	70.24
103	Other diagnostic procedures on vagina and cul-de-sac	70.29
104	Local excision or destruction of vagina and cul-de-sac	70.3
105	Hymenectomy	70.31
106	Suture of laceration of vagina	70.71
107	Diagnostic procedures on vulva	71.1
108	Biopsy of vulva	71.11
109	Other diagnostic procedures on vulva	71.19
110	Operation on Bartholin's gland	71.2
111	Percutaneous aspiration of Bartholin's gland(cyst)	71.21
		70



112	Incision of Bartholin's gland (cyst)	71.22
113	Marsupialization of Bartholin's gland (cyst)	71.23
114	Excision or other destruction of Bartholin's gland (cyst)	71.24
115	Other operations on Bartholin's gland	71.29
116	Other local excision or destruction of vulva and perineum	71.3
117	Operation on clitoris	
	Amputation of clitoris	
	Clitoridotomy: incision into clitoris	
	Female circumcision	71.4
118	Repair of vulva and perineum	71.7
119	Suture of laceration of vulva or perineum	71.71
120	Other repair of vulva and perineum	71.79
121	Other operation on vulva	71.8
122	Other operation on female genital organs	71.9

## OBSTETRIC & GYNAECOLOGY

### OBSTETRICAL PROCEDURES

NO	PROCEDURES	CODES
1	Other operations assisting delivery	73.9
2	External version	73.91
3	Other Obstetric Operations	75
4	Intra-amniotic injection for abortion Injection of: prostaglandin for induction of saline abortion Termination of pregnancy by intrauterine injection	75.0
5	Diagnostic amniocentesis	75.1
6	Intrauterine transfusion Exchange transfusion in utero Insertion of catheter into abdomen of fetus for transfusion	75.2
7	Other intrauterine operation on fetus and amnion	75.3
8	Amnioscopy Fetoscopy Laparoamnioscopy	75.31
9	Other fetal monitoring Antepartum fetal nonstress test Fetal monitoring, not otherwise specified	75.34
10	Amnioinfusion	75.37
		72



INDEX TARGET PROCEDURES

CODES PROCEDURES TARGET %

GENERAL SURGERY

(53)

Repair of Hernia

Include hernioplasty

Herniorrhaphy 60%

(85.21)

Local excision of lesion of breast

Lumpectomy

Removal of area of fibrosis from breast 60%

VASCULAR SURGERY

(39.27)

Arteriovenonostomy for renal dialysis 60%

Anastomosis for renal dialysis

Formation of (peripheral)arteriovenous fistula for

Renal (kidney) dialysis

UROLOGY

(56.0)

Transurethral removal of obstruction from ureter and renal pelvis

Removal of:

calculus from ureter or renal pelvis without incision 60%

(56.3) Diagnostic procedures on ureter 60%

BREAST & ENDOCRINE SURGERY

(85.21)

Local excision of lesion of breast

Lumpectomy

Removal of area of fibrosis from breast 60%

ORL

(28.2) Tonsillectomy without adenoidectomy 30%

(28.3) Tonsillectomy with adenoidectomy 30%

DENTAL

(23.19)

Other surgical extraction of tooth odontectomy

Removal of impacted tooth

Tooth extraction with elevation of mucoperiosteal flap 50%

OPHTHALMOLOGY

(13.41) Phacoemulsification and aspiration of cataract 30%

HEPATOBIILIARY

(51.23) Laparoscopic cholecystectomy 30%

ORTHOPEDICS

(80.26) Arthroscopy Knee 30%

## Appendix 2 : Recommended Pre-anaesthetic Investigations

### (NICE GUIDELINE 2016)

Test	ASA 1	ASA 2	ASA 3 or ASA 4
<b>Minor surgery (examples: excising skin lesion; draining breast abscess)</b>			
Full blood count	Not routinely	Not routinely	Not routinely
Haemostasis	Not routinely	Not routinely	Not routinely
Kidney function	Not routinely	Not routinely	Consider in people at risk of AKI <sup>1</sup>
ECG	Not routinely	Not routinely	Consider if no ECG results available from past 12 months
Lung function/arterial blood gas	Not routinely	Not routinely	Not routinely
<b>Intermediate surgery (examples: primary repair of inguinal hernia; excising varicose veins in the leg; tonsillectomy or adenotonsillectomy; knee arthroscopy)</b>			
Full blood count	Not routinely	Not routinely	Consider for people with cardiovascular or renal disease if any symptoms not recently investigated
Haemostasis	Not routinely	Not routinely	Consider in people with chronic liver disease <ul style="list-style-type: none"> <li>• If people taking anticoagulants need modification of their treatment regimen, make an individualised plan in line with local guidance</li> <li>• If clotting status needs to be tested before surgery (depending on local guidance) use point-of-care testing<sup>2</sup></li> </ul>
Kidney function	Not routinely	Consider in people at risk of AKI <sup>1</sup>	Yes
ECG	Not routinely	Consider for people with cardiovascular, renal or diabetes comorbidities	Yes
Lung function/arterial blood gas	Not routinely	Not routinely	Consider seeking advice from a senior anaesthetist as soon as possible after assessment for people who are ASA grade 3 or 4 due to known or suspected respiratory disease
<b>Major or complex surgery (examples: total abdominal hysterectomy; endoscopic resection of prostate; lumbar discectomy; thyroidectomy; total joint replacement; lung operations; colonic resection; radical neck dissection)</b>			
Full blood count	Yes	Yes	Yes
Haemostasis	Not routinely	Not routinely	Consider in people with chronic liver disease <ul style="list-style-type: none"> <li>• If people taking anticoagulants need modification of their treatment regimen, make an individualised plan in line with local guidance</li> <li>• If clotting status needs to be tested before surgery (depending on local guidance) use point of care testing<sup>2</sup></li> </ul>
Kidney function	Consider in people at risk of AKI <sup>1</sup>	Yes	Yes
ECG	Consider for people aged over 65 if no ECG results available from past 12 months	Yes	Yes
Lung function/arterial blood gas	Not routinely	Not routinely	Consider seeking advice from a senior anaesthetist as soon as possible after assessment for people who are ASA grade 3 or 4 due to known or suspected respiratory disease
AKI, acute kidney injury <sup>1</sup> See recommendation 1.1.8 of the NICE guideline on <a href="#">acute kidney injury</a> <sup>2</sup> Note that currently the effects of direct oral anticoagulants (DOACs) cannot be measured by routine testing.			

## APPENDIX 3: ANAESTHESIA DISCLOSURE AND CONSENT

AnesKKM/AD &amp; C/2017/ \_\_\_\_\_



### ANAESTHESIA DISCLOSURE AND CONSENT

<b><u>Patient Details</u></b>	RN .....
Name .....	Name of Surgery/Procedure .....
I/C No. ....	.....
Gender .....	<b><u>Parent / Guardian</u></b>
Address .....	Name .....

Anaesthetists stress on safety during anaesthesia and endeavour to prevent any complications arising from anaesthesia. Anaesthesia affects the patient's breathing and circulation, while the operation itself also causes changes to the patient's body. The anaesthetist uses special skills and equipment to monitor and manage the patient to ensure their safety during anaesthesia and the operation. Death or permanent disability related to anaesthesia is rare.

**General Anaesthesia** Involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. It is produced by drugs given through a vein and/or breathed from an anaesthesia machine.

**Regional Anaesthesia** Involves using a local anaesthetic to numb a specific area of the body for surgery. Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury.

#### Risks

**Common** risks for ALL patients include :-

- Bruising at the site of injections or intravenous line
- Nausea or vomiting
- Sore throat from the gases and/or the breathing tube. You may notice temporary difficulty in speaking. This should improve after some hours
- Temporary muscle pains
- Temporary headache or blurred vision

**Uncommon** risks for ALL patients include:-

- Awareness of activity in the operating room during anaesthesia, particularly during certain operations and in some emergency situations
- Eye abrasions causing pain and requiring treatment with medication and patching
- Damage to teeth or dental work, lips or tongue

**Extremely rare** risks for ALL patients. These may cause brain damage or death and include:-

- Obstructions in the breathing passages that cannot be readily controlled. These can lead to severe difficulty with breathing
- Allergy to drugs causing wheezing and rash and in rare cases, severe swelling, low blood pressure and poor circulation

#### Risks

**Common:-**

- Muscle weakness in the anaesthetised limb, or difficulty passing urine for a lower body block, while the anaesthetic is working. While this returns to normal as the drugs' effect wear off, a temporary urinary catheter may be necessary
- Headache, which is usually short-lived but can be severe and last some days

**Uncommon:-**

- Damage the nearby blood vessels or organs eg lungs
- Backache may follow spinal or epidural anaesthesia. This usually improves quickly, but occasionally can be lasting
- There is a very small risk of infection or bleeding at the injection site, which may require antibiotic or surgical treatment

**Extremely rare:-**

- Rarely, nerves may be damaged resulting in long-term weakness, pain, altered sensation or paralysis

**Note \*\***

**There may be other unusual risks that have not been listed here. Please ask your anaesthesiologist if you have any general or specific concerns.**

ANAESTHESIA DISCLOSURE AND CONSENT

**INDIVIDUAL RISKS (to be completed by the anesthesiologist completing this form )**

The following are examples of possible risks and complications specific to this patient:

.....  
.....  
.....

**DECLARATION BY PATIENT / GUARDIAN / PROXY**

- I acknowledge the anaesthetist has informed me about the anaesthetic procedure, **alternative treatments** and answered my specific queries and concerns about this matter. I understand that a different anaesthetist may give the anaesthetic.
- I acknowledge that I have discussed with the anaesthetist significant risks and complications specific to my individual circumstances that I have considered in deciding to undergo anaesthesia.

**Signature of patient** ..... **I/C No.** .....

**Print name** ..... **Date** .....

**Signature of person**

**consenting if not the**

**patient** ..... **I/C No** .....

**DECLARATION BY THE ANAESTHETIST PROVIDING INFORMATION FOR THIS CONSENT**

- I declare that I have explained the nature of general and/or regional anaesthesia to be given and discussed the risks that particularly concern this patient.
- I have given the patient an opportunity to ask questions and I have answered accordingly.

**Signature of witness** ..... **I/C No** .....

**REEXPLANATION** .....

.....

**Doctor's signature** ..... **I/C No.** .....

**ANAESTHESIA DISCLOSURE AND CONSENT**

## **Appendix 4: Preoperative Instructions**

1. Bring your appointment card and other related documents.
2. You should not eat any solid food after midnight.
3. You can take unrestricted plain water until 2 hours before scheduled surgery.
4. For breast feeding infants, stop breast feeding 4 hours before scheduled surgery.
5. Do not smoke/vape 72 hours before surgery.
6. Do not drink any alcohol 24 hours before your surgery.
7. Take routine medications with sips of water instructed by your surgeon or anaesthesiologist.
8. You should shower, shampoo and brush your teeth on the night before and on the morning of the surgery.
9. Remove nail polish.
10. Do not apply make-up.
11. Remove any contact lenses, dentures or partial plates before the surgery. Remember to bring containers for these items.
12. Do not wear jewellery or watches.
13. Hospital will not be responsible for any loss of valuables. eg. cash, mobile phone etc.
14. Wear comfortable and casual clothing. The hospital will provide you with a gown and slippers. There will be a locker available for your clothing
15. Please make an arrangement for a responsible adult caregiver (relative or friend) to accompany you on the day of surgery and take care of you after surgery for 24 hours.
16. Persons under 18 years of age must have a parent or legal guardian with them to give consent.
17. Failure to follow the above instructions may result in cancellation of your surgery.

## ARAHAN SEBELUM PEMBEDAHAN

1. Bawa bersama kad temujanji / borang pembiusan ( BIRU ) dan dokumen penting yang lain.
2. Anda tidak dibenarkan makan makanan pejal selepas tengah malam.
3. Anda boleh minum air kosong 2jam sebelum pembedahan.
4. Kanak-kanak yang menyusu badan mesti berhenti mengambil susu 4 jam sebelum pembedahan.
5. Anda dilarang menghisap rokok/Vape 72 jam sebelum pembedahan.
6. Jangan minum minuman keras 24jam sebelum pembedahan.
7. Makan ubat bersama sedikit air seperti yang diarahkan oleh doktor anda.
8. Anda hendaklah mandi, bershampo dan menggosok gigi pada malam sebelum dan pagi hari pembedahan.
9. Tanggalkan pengilap kuku.
10. Jangan memakai alat solek anda.
11. Tanggalkan pelekap mata , gigi palsu serta plat separa sebelum pembedahan dan bawa bekas untuk menyimpan barang-barang tersebut.
12. Jangan memakai barang kemas dan jam tangan.
13. Hospital tidak akan bertanggungjawab atas kehilangan barang-barang seperti wang tunai, telefon bimbit dan lain-lain.
14. Pakai pakaian yang sesuai. Hospital akan menyediakan selipar dan gaun sewaktu pembedahan. Almari akan disediakan untuk anda menyimpan pakaian anda.
15. Pastikan anda datang bersama penjaga atau seorang dewasa ( kawan atau saudara-mara) sewaktu ke hospital bagi membantu dalam sebarang urusan selepas pembedahan.
16. Pesakit dibawah umur 18 tahun mestilah datang bersama-sama penjaga untuk menandatangani keizinan pembedahan.
17. Kegagalan melaksanakan arahan tersebut akan menyebabkan pembatalan pembedahan.



## Appendix 5: Discharge Criteria

### DISCHARGE CRITERIA

Pain should be manageable with outpatient management technique

The patient must be awake, alert and orientated to person, place and time

Vital signs must be stable

The patient must be able to tolerate analgesics

There must be minimal nausea, vomiting or dizziness

There must be no or minimal bleeding

Upon discharge patients must be given:

Verbal and written instructions

A discharge prescription

Relevant contact numbers in case of an emergency

## Appendix 6 : Post Operative Discharge Instructions For Daycare Surgery

(To be given to patient at discharge. Nurse to explain instructions to patient)

Please make an arrangement for a responsible adult caregiver (relative or friend) to accompany you on the day of surgery and take care of you after surgery for 24 hours.

For paediatric cases, 2 accompanying adults are required.

For the next 24 hours:

- Do not drive any vehicle
- Do not use power tools or appliances which may cause harm or injury
- Do not make any important decisions or sign any legal documents
- Do not consume alcohol

Nausea and vomiting are common after general anaesthesia. If you have these take the medication provided for this. If it persists, you must call the contact numbers provided for advice.

Take your medications as instructed including those for pain relief. If pain persists, you must call the contact numbers provided for advice.

Please call the numbers provided if you have any of the following:

- Vomiting
- Bleeding
- Difficulty passing urine
- Fever
- Redness or infection at the site of the operation
- Persistent vomiting
- Persistent pain
- Any other complication that you are worried about

You will be contacted by phone one day after your surgery by one of our daycare staff.

The number to be called:

Office hours: Daycare ward

After office hours: Respective surgical wards/ emergency department/ local contacts

**SURGICAL DISCHARGE INSTRUCTIONS TO BE GIVEN SEPARATELY**

## ARAHAN SELEPAS PEMBEDAHAN RAWATAN HARIAN

Anda hendaklah ditemani oleh seorang dewasa 24 jam selepas keluar dari hospital.

Dalam masa 24 jam

- Di larang memandu sebarang kenderaan
- Di larang menggunakan alatan berkuasa tinggi yang mungkin mendatangkan bahaya atau kecederaan
- Di larang membuat sebarang keputusan penting atau menandatangani dokumen dalam masa 24 jam selepas pembedahan
- Di larang meminum minuman keras.

Loya dan muntah adalah perkara biasa selepas pembiusan am. Jika ini berlaku ambil ubat yang disarankan tetapi sekiranya berterusan hubungi nombor yang diberi mengikut arahan.

Makan pil penahan sakit yang diberi mengikut arahan . Sekiranya berterusan hubungi no telefon yang tertera.

Hubungi nombor yang disediakan jika anda mempunyai masalah seperti berikut:

- Muntah
- Pendarahan
- Kesukaran membuang air kecil
- Demam
- Kemerahan atau jangkitan di tempat pembedahan
- Muntah yang berterusan
- Kesakitan yang berterusan
- Sebarang komplikasi yang membimbangkan anda

Anda akan dihubungi oleh kakitangan unit rawatan harian melalui telefon sehari selepas pembedahan.

No untuk dihubungi:

Waktu pejabat : Unit Rawatan Harian

Selepas waktu pejabat: Wad Surgikal / Unit kecemasan/ nombor yang berkenaan

## Appendix 7: Pain Score Assessment

### A. Pain Score Assessment

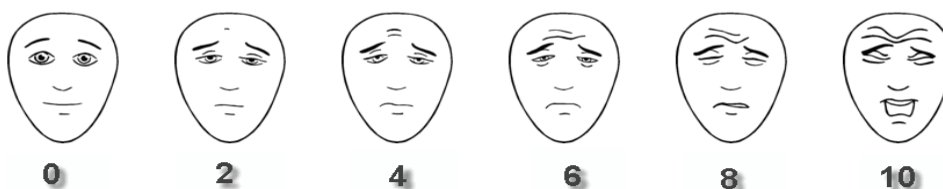
#### 1. Paediatric

##### a) FLACC Pain Scale (1 month to 3 years)

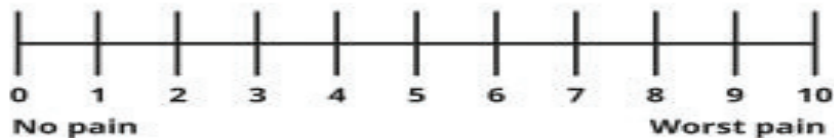
Behaviour	0	1	2
Face	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant quivering chin, clenched jaw
Legs	Normal position or relaxed	Uneasy, restless, tense	Kicking or legs drawn up
Activity	Lying quietly, normal position, moves easily	Squirming, shifting, back and forth, tense	Arched, rigid or jerking
Cry	No cry (awake or asleep)	Moans or whimpers; occasional complaint	Crying steadily, screams, sobs, frequent complaints
Consolability	Content, relaxed	Reassured by touching, hugging or being talked to, distractible	Difficult to console or comfort

##### b) Faces Pain Scale-Revised (FPS-R)<sup>9</sup>

### Faces Pain Scale - Revised



## 2. Adult and Paediatric (>7 years)



Rate your pain or pain relief from 0-10

### B. Grading Severity for Pain Scores

Total Scores	Severity of Pain
1-3	Mild Pain
4-6	Moderate Pain
7-10	Severe Pain

**Appendix 8: Discharge Form****Modified Post Anaesthetic Discharge Scoring System (PADSS)**

(Marshall and Chung 1997)

*(To accompany the Anaesthetic Record Form for each patient)*

		Score
<b>Vital signs</b>	<i>Vital signs must be stable and consistent with age and preoperative baseline.</i>	
	BP and pulse within 20% of preoperative baseline	2
	BP and pulse within 20-40% of preoperative baseline	1
	BP and pulse >40% from preoperative baseline	0
<b>Activity Level</b>	<i>Patient must be able to ambulate at preoperative level.</i>	
	Steady gait, no dizziness (or meets preoperative level)	2
	Requires assistance	1
	Unable to ambulate	0
<b>Nausea &amp; Vomiting</b>	<i>The patient should have minimal nausea and vomiting prior to discharge</i>	
	Minimal: successfully treated with oral medication	2
	Moderate: successfully treated with IM/IV medication	1
	Severe: continues after repeated treatment	0
<b>Pain</b>	<i>The patient should have minimal or no pain prior to discharge.</i>	
	<i>The level of pain that the patient has should be acceptable to the patient.</i>	
	<i>Pain should be controllable by oral analgesics.</i>	
	<i>The location, type and intensity of pain should be consistent with the anticipated postoperative discomfort.</i>	
	Acceptability: Yes	2
	No	0
<b>Surgical Bleeding</b>	<i>Postoperative bleeding should be consistent with expected blood loss for the procedure</i>	
	Minimal: does not require dressing change	2
	Moderate: up to two dressing changes required	1
	Severe: more than three dressing changes required	0

TOTAL: \_\_\_\_\_

SN name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Appendix 9:Discharge Checklist**

YES      NO

PADSS ≥ 9

\_\_\_\_\_

\_\_\_\_\_

Pain Score < 4

\_\_\_\_\_

\_\_\_\_\_

Medication given

\_\_\_\_\_

\_\_\_\_\_

STO date given

\_\_\_\_\_

\_\_\_\_\_

Appointment date given

\_\_\_\_\_

\_\_\_\_\_

Discharge instructions

\_\_\_\_\_

\_\_\_\_\_

given

\_\_\_\_\_

\_\_\_\_\_

Locker key returned

Payment made

\_\_\_\_\_

\_\_\_\_\_

Going home with someone responsible

Surgeon's name : .....

Signature : .....

Time : .....

Anaesthesiologist name : .....

Signature : .....



### Appendix 10: Post Operative Follow- up Form

#### **POSTOPERATIVE FOLLOW UP FORM**

**(To be filled by a nurse or doctor on the day of surgery, before the patient is discharged)**

Anaesthesiologist : .....

Surgeon : .....

OperationDate : .....

**Procedure** : .....

Patient contact phone number: \_\_\_\_\_

#### Section 1(Before discharge on day of surgery)

Any post-operative problems?

Nausea Vomiting

Pain >4  Other  \_\_\_\_\_

Discharge analgesia:

Paracetamol

Tramadol

NSAIDs   \_\_\_\_\_

Other

#### Section 2 (24 hours after discharge)

**(Nurse/Doctor who calls the patient at home to ask the following questions)**

1. Have you had any problems since you were discharged? Yes

No If **yes** what was the problem?

Pain  Nausea/vomiting

Others (specify)

\_\_\_\_\_

\_\_\_\_\_

2. Have you sought outside assistance since discharge? Yes

No If **yes** who did you see / contact and why?

GP  ED  Given contact no.  Other  \_\_\_\_\_

What advice was given?

\_\_\_\_\_



3. How would you rate your overall Day Surgery experience?

Not satisfied

Very satisfied

No comment

If **not satisfied** give reason(s)

\_\_\_\_\_  
\_\_\_\_\_

4. Would you recommend Day Surgery to your friends / relatives?

Yes  No

Date/time of follow up: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

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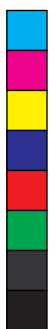
13. Dr Rajeswary a/p S.Kanapathillai

14. Dr Faezah binti Shaari  
(Not In Picture)

## Secretariat (Medical Development Divison)



Puan Syezerin Erni binti Abu Bakar



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