

YOUR OPERATIVE NOTE

What should you say?

New England Obstetrical and Gynecological society
May 5, 2010

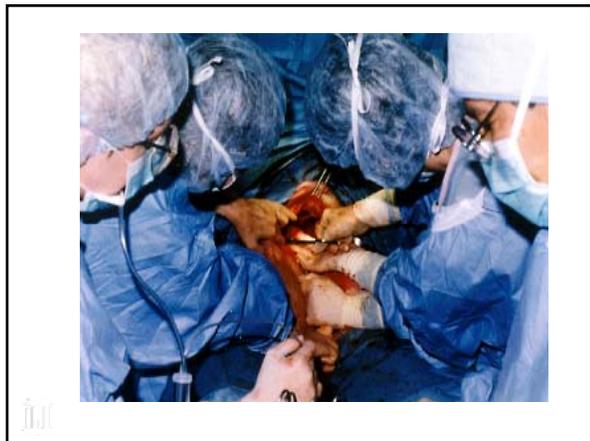
Daniel L. Clarke-Pearson, M.D.
Robert A. Ross Professor and Chair
Department of Obstetrics and Gynecology
University of North Carolina



UNC
SCHOOL OF MEDICINE
DEPARTMENT OF OBSTETRICS & GYNECOLOGY

Chapel Hill, NC

I have no conflict of interest related to the content
of this presentation



YOUR OPERATIVE NOTE

Learning Objectives

After this discussion, the gynecologist will be able to:

1. Write a more coherent, concise, and clear operative note.
2. List the information contained in an operative note which would aid your patient when she sees a consultant.
3. Identify and detail portions of the surgical procedure in the operative note which may be important to defending a subsequent malpractice action.
4. Use terminology in your operative note which will aid in prompt billing and collections of professional fees.

What should you "Say" ?

- Your op note does not help the consultant give best care to your patient
- In a medical legal action you wish your op note were more helpful
- The op note results in underpayment for services rendered
- On re-reading, you wish you could do a better job of being clear and concise

OPERATIVE NOTE

***If you don't 'say' it:
BAD OUTCOME # 1***

What information is important so that the consultant is able to give your patient the best care?

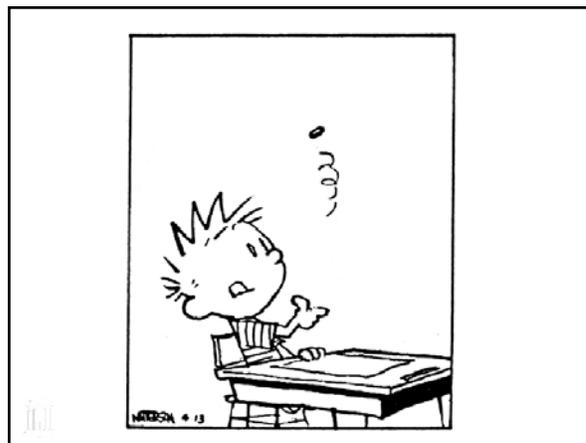
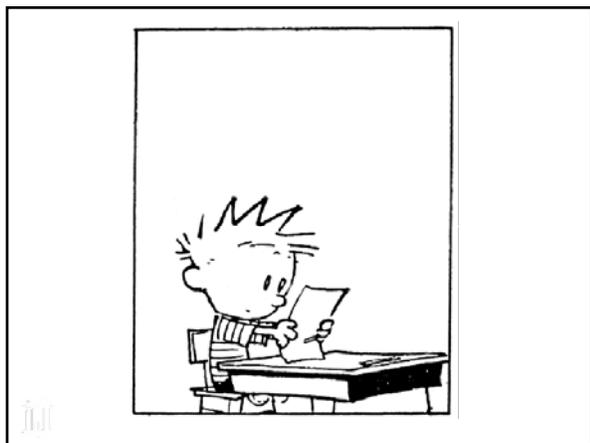


OPERATIVE NOTE

CASE REPORT

A 45-year-old woman is referred for adjuvant treatment of ovarian cancer.

After four months of pelvic pressure and abdominal bloating, she underwent exploratory surgery for a seven centimeter adnexal mass. She presents for consultation with her discharge summary, operative note, and pathology slides.

OPERATIVE NOTE

What information is needed in the operative note to enable proper decision-making by the consultant?



OPERATIVE NOTE

OP NOTE:

"Surgical Findings: There was an ovarian tumor that was approximately six centimeters in diameter replacing the right ovary. In addition, there were metastases on the diaphragm, peritoneum, and the omentum. Frozen section confirmed this to be an ovarian cancer."



OPERATIVE NOTE

OVARIAN CARCINOMA

- What stage of ovarian cancer does she have?
- Where is the residual tumor?
- What's the residual tumor volume and where?
- "Optimal" or "suboptimal"?
- Should I be able to measure it?

OPERATIVE NOTE

SUGGESTED REVISION:

"There was approximately 200 cc of straw-colored ascites which was sent to Cytopathology. Exploration of the upper abdomen, included the diaphragm, the liver and its capsule, the stomach, omentum, and the entire small and large bowel serosa and mesentery. Metastases measuring up to 2.5 centimeters in diameter (approximately six of them) were identified in the greater omentum."

OPERATIVE NOTE

REVISION (continued)

"The right diaphragm had four one-to-three centimeter plaques of tumor. The small bowel mesentery had several dozen two-to-four millimeter nodules of tumor on it, although the small bowel serosa was relatively free of disease. Both pericolic gutters had several dozen metastases measuring up to eight millimeters in diameter.

There was a six-to-seven centimeter tumor mass arising from the right ovary which appeared to be well encapsulated. The mass was adherent to the right pelvic sidewall and the sigmoid mesentery.

The left ovary appeared normal. The bladder flap contained four implants measuring up to one centimeter in diameter. The posterior cul-de-sac also had implants and a plaque of tumor in aggregate measuring approximately 3 x 4 centimeters. The uterus and fallopian tubes appeared normal."

OPERATIVE NOTE

REVISION (continued)

"At the completion of the surgical procedure, all of the metastases in the pelvis had been entirely resected. The omental metastases had also been removed although the serosal and mesenteric metastases in the small and large bowel and the diaphragm metastases remained. The largest metastasis was approximately a three centimeter nodule on the right diaphragm."

OPERATIVE NOTE

Information Important for Subsequent Decisions

- Amount of residual fallopian tube ?
- Extent of myomectomy ?
- Violation of endometrium ?
- Stage of endometriosis ?
- etc., etc.

OPERATIVE NOTE

If you don't 'say' it:

BAD OUTCOME # 2

How can the operative note assist you in medical/legal actions?

OPERATIVE NOTE: MEDICAL LEGAL ISSUES	
Most Common Gyn Medical-Legal Allegations	
• Failure to diagnose	27%
• Patient injury	26%
• Abortion related	6%
• Failure of sterilization	5%
• Informed consent	4%
• Patient death	4%



MEDICAL LEGAL ISSUES
DOCUMENTATION
<p>“In a court of law, that which is not written may be perceived as never having occurred.”</p>

OPERATIVE NOTE: MEDICAL LEGAL ISSUES
Failure to Diagnose
<ul style="list-style-type: none"> • Document complete intraperitoneal exploration • Document consultation from another surgical colleague • Photographic documentation

OPERATIVE NOTE: MEDICAL LEGAL ISSUES
Does a Videotape Enhance the Operative Note?
<p>PRO</p> <ul style="list-style-type: none"> - Documents Pathology and Result of Surgery (?Content and quality of video) <p>CON</p> <ul style="list-style-type: none"> - Perception of what is shown on tape may be used against you - An edited (“altered”) tape may be used to attack your honesty/credibility

OPERATIVE NOTE: MEDICAL LEGAL ISSUES
VIDEOTAPE
<ul style="list-style-type: none"> • BE CONSISTENT! <p>Always Tape the Whole Case</p> <p>OR</p> <p>Always Tape Only the Pertinent “HIGHLIGHTS”</p> <p>Stick With Your Routine In ALL Cases</p>

OPERATIVE NOTE: MEDICAL LEGAL ISSUES

Patient Injury

- Document any unusual or difficult problems encountered
 - extensive adhesions
 - densely adherent bladder flap
 - distorted anatomy from tumor, endometriosis, PID
- You will NOT have independent recall of the findings when you give your deposition 4 years later!

Medical Legal Issues

Patient Injury

Document

- What you did to avoid complications:
 - Lysis of adhesions (How long, how hard?)
 - 45 minutes may justify “enterolysis” (CPT 44005)
 - Inspection of bowel, procto, “bubble test”
 - Urinary tract:
 - ureter identified/ureterolysis
 - fill bladder, IV indigo carmine
 - cystoscopy, telescopy, stints
 - Intraoperative Consultation

Document your thinking!

- There are often several choices for managing a problem: Exercising clinical judgement is what we do.
- It is not malpractice to choose a reasonable treatment plan even if it doesn't turn out the way you wanted!
- Explaining the rationale underlying the care plan may deter the plaintiff's attorney.
- Contemporary documentation may refresh your recollection of what you were thinking at the time.

OPERATIVE NOTE

Medical Legal Issues

Credible Operative Note Entry

- “An incomplete or inaccurate entry is injurious to the credibility of the entire medical record and the health care provider making the entry.”
- Avoid a “canned” op note
 - If the case was difficult, say so.
- Once your credibility is in question the plaintiff has the upper hand.

Timely Dictation

Plaintiff's Attorney:

“Dr. Smith, would you please tell the jury why your detailed operative note was dictated a week after the surgery took place?”

(When you *knew* she had developed a vesico-vaginal fistula)

OPERATIVE NOTE

***If you don't 'say' it:
Bad Outcome #3***

Is Delayed or Low reimbursement a “Bad Outcome”?

What should be included in the operative note for optimal reimbursement?

Everything that you did!

OPERATIVE NOTE

**Maximize Reimbursement
(and Reduce A / R)**

- Use phrases in the operative note that reflect CPT terminology to aid in proper coding.
- Get familiar with CPT Codes and annual updates

Reimbursement

Use CPT Nomenclature

- Did you dissect the ureter free of the peritoneum to protect it during the surgery?
"URETEROLYSIS"
 - CPT Code 50715
- Did you resect the pelvic peritoneum along with the rest of the pelvic tumor?
"RADICAL DUBULKING OF OVARIAN CANCER"
 - CPT Code 58952

Reimbursement

CPT Coding Nomenclature

- "Removal of Vulvar Lesion"

"Wide local excision" or "Vulvectomy" or "Partial Vulvectomy"

- A "Partial procedure is removal of less than 80% of the vulvar area."
- "Simple" vulvectomy: removes skin and superficial layers

Reimbursement

CPT Coding Nomenclature

- *"Excision of Vaginal Lesion"*

- 57100: Biopsy of vagina
- 57105: Extensive, requiring suture
- 57106: Partial removal of vaginal wall

New CPT Codes 2005/2006

- **+57267:** insertion of mesh or other prosthesis for repair of pelvic floor defect. (Add on to colporrhaphy codes or rectocele repair code)
- **57295:** Revision (including removal) of vaginal graft, vaginal approach
- **+58110:** Endometrial sampling performed in conjunction with colposcopy (List separately in addition to code for primary procedure)
- **58356:** Endometrial cryoablation with ultrasonic guidance, including endometrial curettage
- **58565:** Hysteroscopy with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants
- **58956:** Bilateral salpingo-oophorectomy with total omentectomy, TAH for malignancy
- **44200:** Laparoscopy, surgical; enterolysis. Has been renumbered to **44180**

Remember to Link

Diagnosis (ICD9) ⇨ Procedure (CPT)

Diagnosis: Endometriosis
 Procedure: TAH, BSO (58150), Appendectomy (44955)

- **Appendectomy DENIED!**
- **Needed ICD9 indicating that the appendix was involved by endometriosis**

Diagnosis: Endometriosis of the ovaries, and appendix
 Procedure: TAH, BSO (58150), Appendectomy (44955)

Reimbursement

CPT modifiers

- Was the procedure significantly more difficult because the patient weighed 350 pounds or had extensive adhesions? (Requiring additional assistant for retraction, deeper retractor, took 50% more time and effort, etc)
- Describe the amount of extra time spent dealing with the complications. Such as adhesiolysis. (“greater than 45 minutes of operating time taken to lyse adhesions”)

- Modifier -22 (Attach explanation)

**OPERATIVE NOTE**

*If you don't 'say' it:
Bad Outcome #4:*

Your English teacher would be appalled !

How could you write your notes to be more concise and clear?

**OPERATIVE NOTE**

OP NOTE: “The abdomen, vulva and vagina were prepared with Hibiclens, a Foley catheter was inserted, and the patient draped for laparotomy. Next the abdomen was entered through a midline incision. The skin was then incised with the scalpel and then a Bovie was used to divide the subcutaneous fat and achieve hemostasis. The fascia was opened with Mayo scissors and the peritoneum was then grasped with two straight snaps, elevated, and the peritoneal cavity was entered carefully using Metzenbaum scissors. The peritoneal incision was then extended cephalad and caudad.”

**OPERATIVE NOTE**

BE CONCISE

Do you really need to describe every step in opening the abdomen?

**OPERATIVE NOTE**

SUGGESTED REVISION:

“The abdomen was entered through a midline incision.”

**OPERATIVE NOTE**

GET RID OF EXCESS VERBIAGE!

My pet peeves:

“Then...”

“Next...”

“At this point, ...”

“Following that, ...”

“We then took...”



Be Concise!

"The uterus was then grasped with Kelly clamps and then the round ligament was ligated and divided. Next, the retroperitoneum was opened and the vessels identified. Then, the ovarian vessels were ligated and divided. We next advanced the bladder flap. Then the uterines were skeletonized, clamped and ligated. In a similar fashion, we controlled the uterines on the opposite side. At this point, the cardinal and uterosacral ligaments were clamped, divided and ligated. Following this, we cross-clamped the vaginal angles. The vagina was then divided from its connection to the cervix."

Be Concise!

"The uterus was **then** grasped with Kelly clamps and **then** the round ligament was ligated and divided. **Next**, the retroperitoneum was opened and the vessels identified. **Then**, the ovarian vessels were ligated and divided. **We next** advanced the bladder flap. **Then** the uterines were skeletonized, clamped and ligated. **In a similar fashion**, we controlled the uterines on the opposite side. **At this point**, the cardinal and uterosacral ligaments were clamped, divided and ligated. **Following this**, we cross-clamped the vaginal angles. The vagina was **then** divided from its connection to the cervix."

Be Concise!

"The uterus was grasped with Kelly clamps, the round ligament was ligated and divided. The retroperitoneum was opened and the vessels identified. The ovarian vessels were ligated and divided. The bladder flap was advanced. The uterines were skeletonized, clamped and ligated. The uterines on the opposite side were ligated. The cardinal and uterosacral ligaments were clamped, divided and ligated. The vaginal angles were clamped, and the vagina was divided from its connection to the cervix."

A component of the new health plan: medical cost-savings!

- The revised note is 11 lines versus the original version of 13 lines = 15% reduction in typing.
- Assume a hysterectomy op note is 90 lines long (1.5 pages)
- Reducing each op note by 13.5 lines (15% of 90 lines)
- At \$0.17 per line for transcription fees (saving \$2.30 per op note)
- Given 600,000 hysterectomies performed annually in the US
- SAVE: \$ 1,380,000 annually

Don't be a slave to "fashion"

- "The patient was prepped and draped in the *usual sterile fashion.*"
- "The ovarian vessels were ligated *in the usual fashion.*"

OPERATIVE NOTE

Read it before signing!

Read it!

"The ovarian vessels and ureter were identified, clamped, divided and ligated"

"The ovarian vessels and ureter were identified, and the vessels were clamped, divided and ligated"



Read it!

"...a posterior colpotomy incision was made and intraperitoneal injury was confirmed..."

"...a posterior colpotomy incision was made and intraperitoneal entry was confirmed..."



Read it!

"An aortic transection was performed"

"A paraaortic node dissection was performed"



Read it!

"The patient was placed in the sodomy position....."

"The patient was placed in the lithotomy position.... "



YOUR OPERATIVE NOTE

Learning Objectives

After this discussion, the gynecologist will be able to:

1. Write a more coherent, concise, and clear operative note.
2. List the information contained in an operative note which would aid your patient when she sees a consultant.
3. Identify and detail portions of the surgical procedure in the operative note which may be important to defending a subsequent malpractice action.
4. Use terminology in your operative note which will aid in prompt billing and collections of professional fees.



● Thank you!



