

Treatment Algorithm for Anal Fissures (3 months)

1. Add 15-20 soluble fiber daily; 6-8 glasses water daily; sitz baths; "2 minute rule"
2. 0.125% NTG TID-QID* If no progress w/in 2-4 weeks, then -
3. 0.2% NTG TID or Diltiazem 2%/Nifedipine 0.5% QID - 5x/day.* If no progress, then -
4. Botox 40 units or less, continue NTG.* If no progress, then -
5. Surgery - Lateral Internal Sphincterotomy (2-4% risk of incontinence)

The 5 Spiels

1. You have 3 hemorrhoids, will likely require each to be treated
2. You should have ZERO pain and ZERO pinching after the procedure.
3. The "Grade III" spiel (may need > 3 treatments, etc.)
4. "You're still going to have those tags" spiel
5. The "Fissure spiel" (see clinical pearls on website)

Typical Banding Steps

1. Insert ligator in same direction as anal canal, pass THROUGH area of resistance (internal sphincter)
2. Pull ligator back to appropriate depth, THEN direct towards column to be banded.
3. Aspirate tissue, lock plunger, let go of device and wait.
4. Twist syringe in either direction to check for "pinching". If "pinch" or "pain", unlock plunger, pass ligator 1/2-1 cm and re-engage as above.
5. To deploy, secure outer sheath and SLOWLY withdraw syringe to hear "click" then "smooch"

Post Banding Exam

1. DRE findings – sufficient tissue, superficial tissue, "narrow neck" to banded tissue.
2. If insufficient tissue – place another band. If too much, too deep or too broad, then manipulate banded tissue to correct.
3. If pain or pinching – manipulate band. If too low, remove band.
4. Keep patient for 10 minutes to make sure that there is no pain or pinching.
5. Consider NTG for spasm*

Treatment Algorithm for Rashes

1. No wipes, minimal soap, topical antifungals or barrier (ZnO₂)
2. If no better, oral antifungals and/or dermatology consult



Visit our website for clinical pearls, FAQs, videos and more.
www.crhmedicalproducts.com

Coding Pearls

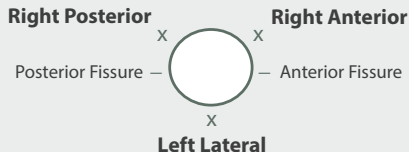
- 46221 – rubber band ligation
- 10 day “global” period
- 46600 – anoscopy (if performed) usually bundled
- J3490 – nitroglycerin ointment

Office Only

- 9921X with -25 modifier – E&M code when patient has a non-hemorrhoidal Dx that you are treating (anal spasm, anal fissure, skin rash, etc.)

ASC Only

- Facility fee applicable



Typical hemorrhoid locations
(patient in Left Lateral Decubitus position)

Superbill: Diagnoses

- K64.8 Internal hemorrhoids (w/o mention of degree)
- K64.9 Internal hemorrhoids – bleeding (w/o mention of degree)
- K64.0 Grade I hemorrhoids
- K64.1 Grade II hemorrhoids
- K64.2 Grade III hemorrhoids
- K64.3 Grade IV hemorrhoids
- K64.5 Ext. hemorrhoids w/thrombosis
- K60.0 Anal fissure, acute
- K60.1 Anal fissure, chronic
- K60.2 Anal fissure, unspecified
- K59.4 Anal spasm
- K59.00 Constipation, unspecified
- K59.01 Constipation, slow transit
- K59.09 Constipation, other
- L29.0 Pruritus ani
- R19.7 Diarrhea, unspecified
- K58.0 IBS w/diarrhea
- K58.9 IBS w/o diarrhea
- R21 Rash + other N/S skin eruption

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