Cheat Sheet | Hemorrhoids, Fissures & Other Anorectal Disorders

Anal Spasm Findings

- "Tight" internal sphincter, long canal, incomplete evacuation, "wide" intersphincteric groove ("Double Sphincter Sign")
- Pretreat spasm with NTG, continue until 1-2 weeks after last banding*

Treatment Algorithm for Anal Fissures (3 months)

1. Add15-20g soluble fiber daily; 6-8 glasses water daily; sitz baths; "2 minute rule"
2. 0.125% NTG TID-QID for 3 months.* If no better, then -
3. 0.2% NTG TID or Diltiazem 2%/Nifedipine 0.5% QID - 5x/day.* If no better, then -
4. Botox 40 units or less, continue NTG.* If no better, then -
5. Surgery – Lateral Internal Sphincterotomy (2-4% risk of incontinence)

Typical Banding Steps

1. Insert ligator along course of rectal lumen ("neutral position")
2. Insert ligator beyond the ridge, THEN pull back to proper depth still in neutral position
3. Aim ligator toward hemorrhoid to be banded
4. Suction tissue into ligator, lock the plunger in place. Let go of ligator and wait
5. Maintain suction, rotate ligator 180º in either direction. If patient feels pain or pinch, release suction and place ligator more deeply
6. If no pain or pinch, deploy band (secure outer sleeve and SLOWLY withdraw syringe) - hear "click" of rubber band and "smooch" of tissue release

Post Banding Management

- Manipulate base of the banded tissue if there's pain, a pinch or a "wide" base - apply traction at base of banded pile to free up tissue or unroll band if necessary
- Ensure that only superficial tissue is banded (banded tissue very mobile)
- Remove band with finger if band deployed too low
- Only discharge patient if they are pain-free. Any pain or pinch should be remedied immediately by manipulation above. Mild tenesmus, pressure or a foreign body sensation is normal
- May Rx in office with NTG to relieve spasm before or after exams*
- Keep patient in facility for 15 min post banding to ensure no pain, cramping or discomfort

Treatment Algorithm for Rashes

1. No wipes, minimal soap
2. Topical antifungals or barrier (most are zinc oxide based)
3. Short course oral antifungals vs dermatology consult

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Coding Pearls

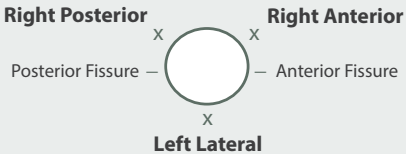
- 46221 – rubber band ligation
- 10 day "global" period
- 46600 – anoscopy (if performed) usually bundled
- J3490 – nitroglycerin ointment

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 fissue, 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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* "off-label" usage. Reference: Guttenplan, Mitchel. Anorectal Topicals – White Paper. January 2015