

Anoscopy With Solesta Submucosal Injection Procedure Report

PATIENT NAME _____

MRN _____

DATE OF PROCEDURE _____

PROCEDURE PERFORMED: Anoscopy with dextranomer and hyaluronic acid (Solesta) submucosal injection
HCPCS code L8605 – Injectable bulking agent, anal canal
CPT code 46999 – Unlisted procedure, anus

PRE-OPERATIVE DIAGNOSES _____

1. Full incontinence of feces – R15.9
2. Fecal smearing – R15.1
3. Fecal urgency – R15.2

POST-OPERATIVE DIAGNOSES _____

1. Full incontinence of feces – R15.9
2. Fecal smearing – R15.1
3. Fecal urgency – R15.2

REFERRING PHYSICIAN _____

SURGEON _____

ANESTHESIA/SEDATION: ***No additional sedation administered

EXTENT OF EXAM: Rectum

BOWEL PREPARATION QUALITY: Good

INSTRUMENT USED: ANOSPEC 96 mm x 23 mm single-use slotted anoscope with built-in LED sourcelight

INFORMED CONSENT: After explaining the risks, benefits, and alternatives of the procedure, including but not limited to bleeding, pain/proctalgia, infection including abscess formation & bacteremia, fever, rectal discharge, vascular occlusion, gel migration and cyst formation, written informed consent was obtained. *****The patient was made aware that there is increased risk for injury and/or infection of the prostate among individuals who have any enlargement of the prostate gland.** The patient was given the opportunity to ask questions, and all of these questions were answered to his/her satisfaction prior to beginning the procedure.

BACKGROUND

PROCEDURE DETAILS:

After informed consent was obtained, a formal timeout was performed. The patient was placed in the left lateral decubitus position. A digital rectal exam was performed. Then, the disposable slotted anoscope was lubricated, introduced into the anal canal and advanced to the rectum under direct vision. The obturator was subsequently removed, allowing visualization of the anorectal mucosa and identification of the dentate line. Chlorhexidine anti-septic swabs were used to cleanse the injection area. Four disposable 1 mL syringes containing Solesta gel were attached to the 21-gauge 4.75 inch needles from the kit. The needles were primed. The triangular mark on the needle hub was noted to ensure the needle bevel would face the lumen. Moving in a counter-clockwise fashion between the 12 o'clock (posterior), 9 o'clock (left lateral), 6 o'clock (anterior), and 3 o'clock (right lateral) positions, four 1 mL Solesta submucosal gel injections were carried out sequentially under direct visualization. Each injection was 5 mm deep and at a 30 degree angle, implanted approximately 5 mm proximal to the dentate line. A new needle was used for each syringe and injection site. The needle was kept in position for 30 seconds following each injection to minimize leakage of gel. The anoscope was then completely withdrawn and the procedure terminated.

FINDINGS:

Normal-appearing mucosa in the anorectum. Status post successful submucosal injection and implantation of 4 mL Solesta gel approximately 5 mm proximal to the dentate line, without any significant bleeding.

ESTIMATED BLOOD LOSS:

Minimal.

COMPLICATIONS:

No apparent complications post-procedurally.

IMPRESSION:

1. Normal-appearing mucosa in the anorectum.
2. Status post successful submucosal implantation of 4 mL dextranomer and hyaluronic acid (Solesta) gel at the proximal end of the anal canal today.

RECOMMENDATIONS:

1. Avoid taking hot baths or engaging in physical activity for the next 24 hours.
2. Avoid sexual intercourse or strenuous physical activity (such as horseback riding, bicycling and jogging) for the next one week.
3. Avoid anti-diarrheal medications (such as loperamide/imodium, lomotil) for the next one week.
4. Avoid anal manipulation, such as insertion of suppositories or enemas, for the next one month.
5. Avoid aspirin and non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen, motrin, advil, aleve, diclofenac or naproxen for the next one week unless critical clinical need.
6. Okay to take acetaminophen as needed for minor discomfort. Please call the XXXX physician on call for any fever, bleeding, tenesmus, difficulty urinating, anorectal pain, or for any other major concerns.
7. A repeat Solesta injection can be considered after at least 4 weeks have elapsed.