

What is Laparotomy ?

A laparotomy is a surgical procedure that involves making an **incision in the abdominal wall to gain access to the abdominal cavity**. It is a diagnostic or therapeutic procedure performed for various conditions affecting the abdominal organs.

Indications for Laparotomy:

A laparotomy may be performed for:

- Exploratory purposes (when the cause of abdominal pain or disease is unclear).
- Trauma or injury (to assess and repair damage to abdominal organs).
- Tumor removal (for cancers involving the intestines, liver, or other abdominal structures).
- Obstruction of the intestines (to relieve blockages).
- Perforation or infection (such as in appendicitis or peritonitis).

49000: Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)

The provider examines the abdominal cavity including the space between the abdominal wall and the membrane that encloses the abdominal organs to determine the cause of abdominal pain, masses, suspected traumatic injury, or signs of infection. He takes a sample of any suspicious tissue and submits it to a laboratory for analysis.

49002: Reopening of recent laparotomy

In this procedure, the provider reopens a previous abdominal incision to check for complications, such as internal bleeding or infection.

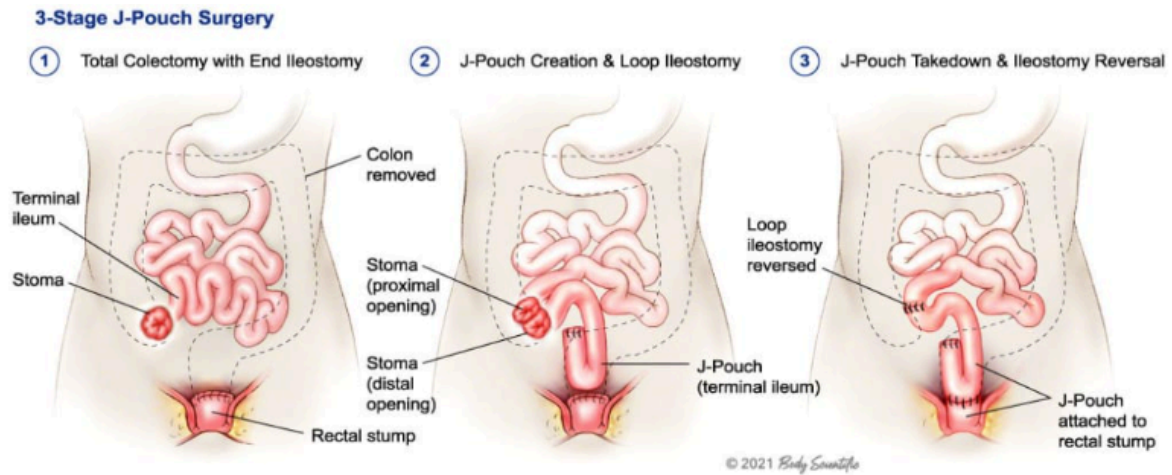
What is Hartmann Colostomy ?

Hartmann's colostomy is a surgical procedure in which a **portion of the colon** (usually the sigmoid colon) is removed or disconnected, and the **remaining end is brought out through the abdominal wall** to create a **colostomy (stoma)**.

This allows stool to exit the body into a colostomy bag. The distal (lower) portion of the colon or rectum is either closed off (Hartmann's pouch) or left in place for potential future reconnection (**colostomy reversal**).

Hartmann's colostomy is often temporary, with a potential for colostomy reversal after 3–12 months.

Colostomy reversal is the procedure performed to reconnect the colon and close the stoma.



Type of Anastomosis in Colectomy procedure

1. End-to-End Anastomosis (EEA)

The proximal end of the colon is directly connected to the distal end

Use:

Most common in segmental colectomy

When bowel ends are of similar diameter

2. End-to-Side Anastomosis (ESA)

The end of one bowel segment is connected to the side of another segment

Use:

When size mismatch exists

Frequently used in ileocolic anastomosis (e.g., after right hemicolectomy)

Key Point:

3. Side-to-Side Anastomosis (SSA)

The sides of two bowel loops are joined together

Use:

Common in right hemicolectomy

Partial Colectomy with Anastomosis: This involves the surgical removal of a portion of the colon (colectomy) and connecting the remaining ends (anastomosis).

- **CPT Code: 44140** (*Colectomy, partial; with anastomosis*)

Repair of Enterovesical Fistula: This procedure addresses an abnormal connection between the intestine and the bladder.

- **CPT Code: 44661** (*Repair of enterovesical fistula with resection of involved intestine and bladder; anastomosis of intestine and repair of bladder*)

Creation of Loop Colostomy: This entails bringing a loop of the colon to the abdominal surface to create an opening (stoma) for waste elimination.

- **CPT Code: 44188** (*Laparoscopy, surgical, colostomy or skin level cecostomy*)

Exploratory Laparotomy: This is an open surgical exploration of the abdominal cavity.

- **CPT Code: 49000** (*Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)*)

Lysis of Adhesions: This procedure involves the surgical removal of internal scar tissue (adhesions) to free organs.

- **CPT Code: 44005** (*Enterolysis (freeing of intestinal adhesion) (separate procedure)*)

Repair of Bladder Perforation: This addresses a hole or tear in the bladder wall.

- **CPT Code: 51860** (*Cystorrhaphy, suture of bladder wound, injury or rupture; simple*)

Why Do Physician perform Both Anastomosis and a Loop Colostomy?

1. **Severe Inflammation and Infection:**
 - The report mentions **severe inflammation in the pelvis** and an **abscess**. When there's a lot of inflammation, the newly reconnected bowel (anastomosis) has a **higher risk of leakage** or breakdown.
2. **Risk of Anastomotic Leak:**
 - If the anastomosis were to leak, it could lead to **life-threatening peritonitis (infection of the abdominal cavity)**.
 - By creating a **loop colostomy**, stool is diverted away from the anastomosis, allowing it to **heal without stress or contamination**.
3. **Temporary Bowel Rest:**

- A **loop colostomy** is often **temporary** and allows the patient's body to recover.
- Once healing is confirmed (usually after **6-12 weeks**), the colostomy can be reversed, and normal bowel function restored.

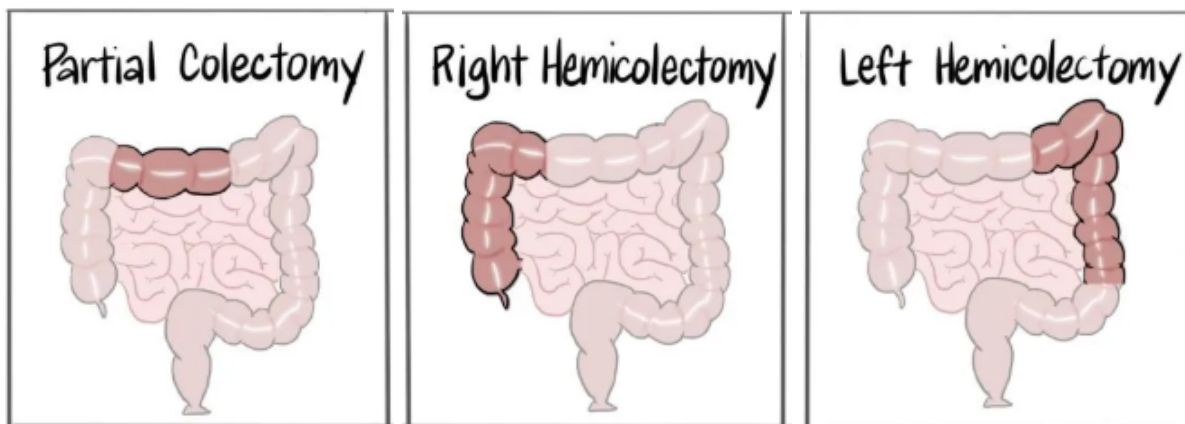
What is Colectomy ?

A **colectomy** is a surgical procedure in which **all or part of the colon (large intestine)** is removed. It is performed to treat conditions that affect the colon, such as cancer, inflammatory diseases, or bowel obstructions..

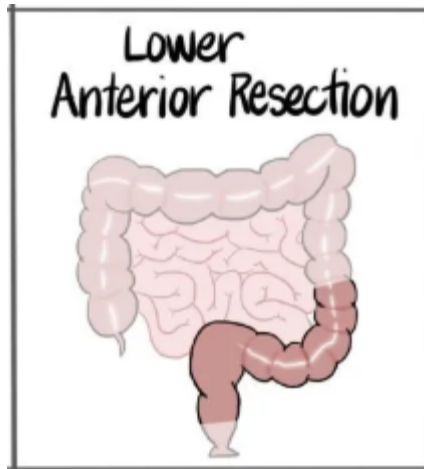
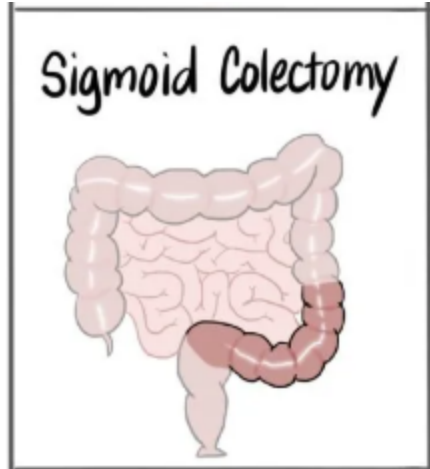
Type of Colectomy:

A laparotomy may be performed for:

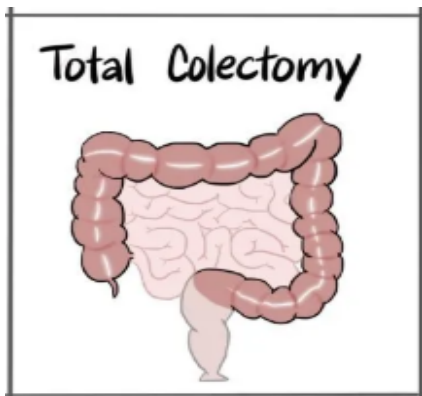
- Partial (Segmental) Colectomy – Removal of only a portion of the colon.
- Partial (Hemicolectomy) – Removal of either the right or left half of the colon.



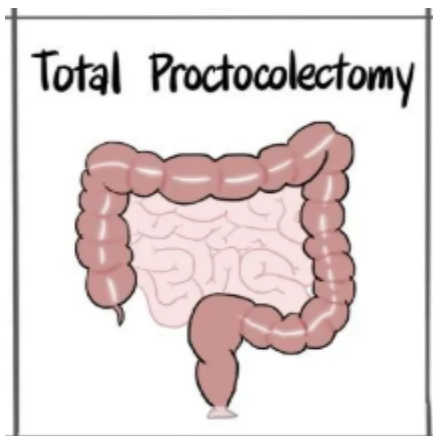
- Partial (Sigmoid colectomy) – Removal of sigmoid colon.
- Partial colectomy (**Lower anterior resection -LAR**)- Remove the rectum's upper and middle portions while preserving the anal sphincter.



- Total Colectomy – Removal of the entire colon.



- Proctocolectomy – Removal of the colon and rectum.



1.44140: Colectomy, partial; with anastomosis

The provider surgically **removes a portion of the colon** and then reconnects the cut ends of the colon to restore continuity.

What is Intestinal Anastomosis ?

Intestinal Anastomosis is a **surgical connection** between two parts of the intestine, to restore continuity after a section has been removed.

Types of Intestinal Anastomosis:

- End-to-End Anastomosis – The two cut ends of the intestine are directly sewn or stapled together.
- Side-to-Side Anastomosis – The sides of two sections of intestine are connected, often used to create a wider opening.
- End-to-Side Anastomosis – The end of one intestinal segment is connected to the side of another.

44141: Colectomy, partial; with skin level cecostomy or colostomy

44143: Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)

44145: Colectomy, partial; with resection, with coloproctostomy (low pelvic anastomosis)

44146: Colectomy, partial; with resection, with coloproctostomy (low pelvic anastomosis), with colostomy

44147: Colectomy, partial; with resection, with coloproctostomy (low pelvic anastomosis), abdominal and transanal approach

44150: Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy

In this procedure, the provider removes the total colon and either connects the end of the ileum to the skin or directly to the rectum.

44151: Colectomy, total, abdominal, with continent ileostomy

In this procedure, the provider **removes the total colon** and creates an ileal pouch from the terminal ileum. He connects the ileum to the skin of the abdomen as a continent ileostomy.

44155: Colectomy, total, abdominal, with proctectomy; with ileostomy

44156: Colectomy, total, abdominal, with proctectomy; with continent ileostomy

44157: Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed

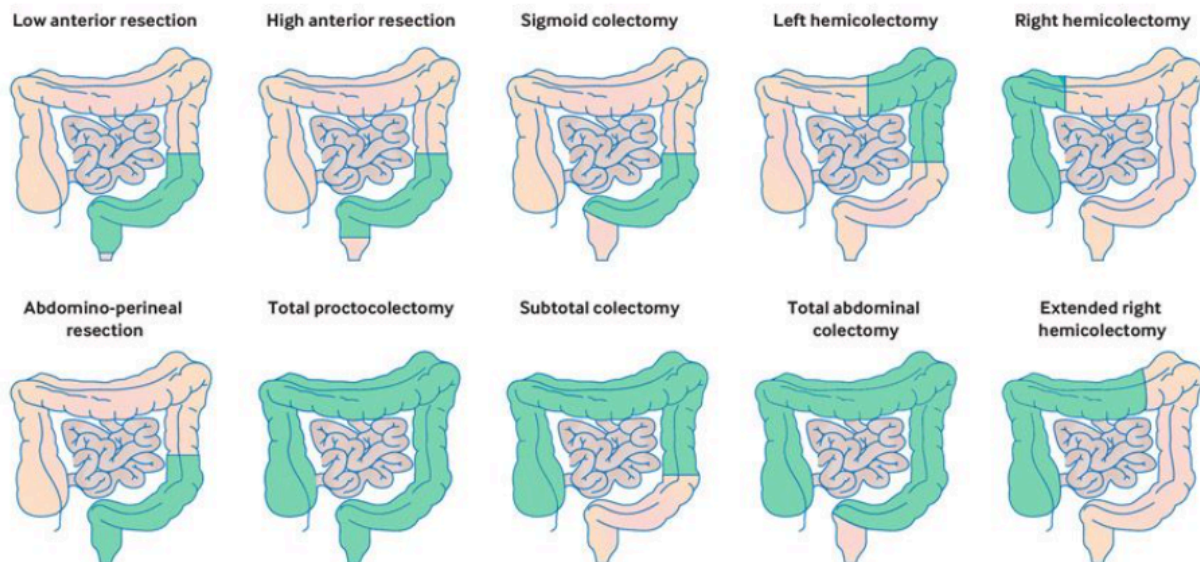
44158: Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed

44160: Colectomy, partial, with removal of terminal ileum with ileocolostomy

Abdominoperineal resection (APR) is a surgical procedure that removes the anus, rectum, and part of the sigmoid colon.

What is Colostomy Reversal ?

A **colostomy reversal** (also called **colostomy takedown** or **colostomy closure**) is a surgical procedure to reconnect the colon after a temporary colostomy, restoring normal bowel function. This allows stool to pass through the rectum and anus again, eliminating the need for a colostomy bag.

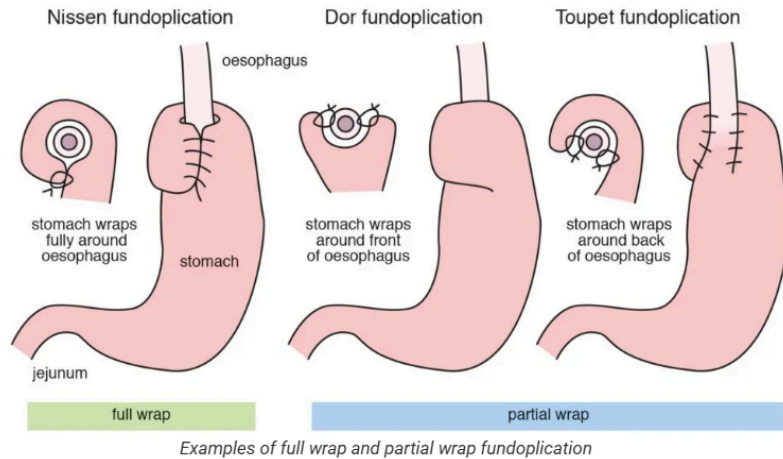


What is Fundoplication ?

Fundoplication is a surgical procedure where the **fundus of the stomach is wrapped around the lower esophagus** to strengthen the **lower esophageal sphincter (LES)** and prevent acid reflux.

Types of Fundoplication:

- **Nissen Fundoplication (360° wrap)** – Complete wrap around the esophagus.
- **Toupet Fundoplication (270° wrap)** – Partial wrap, leaving some space for natural movement.
- **Dor or Thal Fundoplication (Anterior wrap)** – Less common, used in certain esophageal surgeries.



Fundoplasty is a surgical modification or **reshaping of the stomach's fundus (upper part of the stomach)**. It is performed to improve the function of the lower esophageal sphincter (LES) and reduce acid reflux.

Unlike fundoplication, which involves wrapping the fundus around the esophagus, fundoplasty generally refers to procedures that reshape or reposition the fundus without necessarily wrapping it completely around the esophagus.

What is Sleeve Gastrectomy ?

Sleeve gastrectomy, also known as vertical sleeve gastrectomy (VSG), is a weight-loss (bariatric) surgery in which about 75-80% of the stomach is removed, leaving a small, tube-shaped stomach (resembling a sleeve).

What is Roux-en-Y Gastric Bypass ?

Gastric bypass, also called Roux-en-Y gastric bypass, is a type of weight-loss surgery that involves creating a small pouch from the stomach and connecting the newly created pouch directly to the small intestine. After gastric bypass, swallowed food will go into this small pouch of stomach and then directly into the small intestine, thereby bypassing most of your stomach and the first section of your small intestine.