

Procedures

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coding questions

2017

ICD-10

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Surgical Terms

A special language is spoken in the surgical suite and written in the charts documenting procedures performed there. The following list includes many of the medical terms heard most often in the operating room.

ablation. Removal or destruction of tissue by cutting, electrical energy, chemical substances, or excessive heat application.

abrasion. Removal of layers of the skin occurring as a superficial injury, or a procedure for removal of problematic skin or skin lesions.

achalasia. Failure of the smooth muscles within the gastrointestinal tract to relax at points of junction; most commonly referring to the esophagogastric sphincter's failure to relax when swallowing.

acromioplasty. Repair of the part of the shoulder blade that connects to the deltoid muscles and clavicle.

advance. Move away from the starting point.

allograft. Graft from one individual to another of the same species.

amputation. Removal of all or part of a limb or digit through the shaft or body of a bone.

analysis. Study of body fluid, tissue, section, or parts.

anastomosis. Surgically created connection between ducts, blood vessels, or bowel segments to allow flow from one to the other.

aneurysm. Circumscribed dilation or outpouching of an artery wall, often containing blood clots and connecting directly with the lumen of the artery.

angioplasty. Reconstruction or repair of a diseased or damaged blood vessel.

antibody. Immunoglobulin or protective protein encoded within its building block sequence to interact only with its specific antigen.

antigen. Substance inducing sensitivity or triggering an immune response and the production of antibodies.

antrum. Chamber or cavity, typically with a small opening.

appliance. Device providing function to a body part.

arthrocentesis. Puncture and aspiration of fluid from a joint for diagnostic or therapeutic purposes or injection of anesthetics or corticosteroids.

arthrodesis. Surgical fixation or fusion of a joint to reduce pain and improve stability, performed openly or arthroscopically.

arthroplasty. Surgical reconstruction of a joint to improve function and reduce pain; may involve partial or total joint replacement.

arthroscopy. Use of an endoscope to examine the interior of a joint (diagnostic) or to perform surgery on joint structures (therapeutic).

arthrotomy. Surgical incision into a joint that may include exploration, drainage, or removal of a foreign body.

articulate. Comprised of separate segments joined together, allowing for movement of each part on the other.

aspiration. Drawing fluid out by suction.

assay. Test of purity.

astragalectomy. Surgical removal of the astragalus (talus), the bone that forms the ankle joint by articulating with the tibia and fibula.

augmentation. Add to or increase the substance of a body site, usually performed as plastic reconstructive measures. Augmentation may involve the use of an implant or prosthesis, especially within soft tissue or grafting procedures, such as bone tissue.

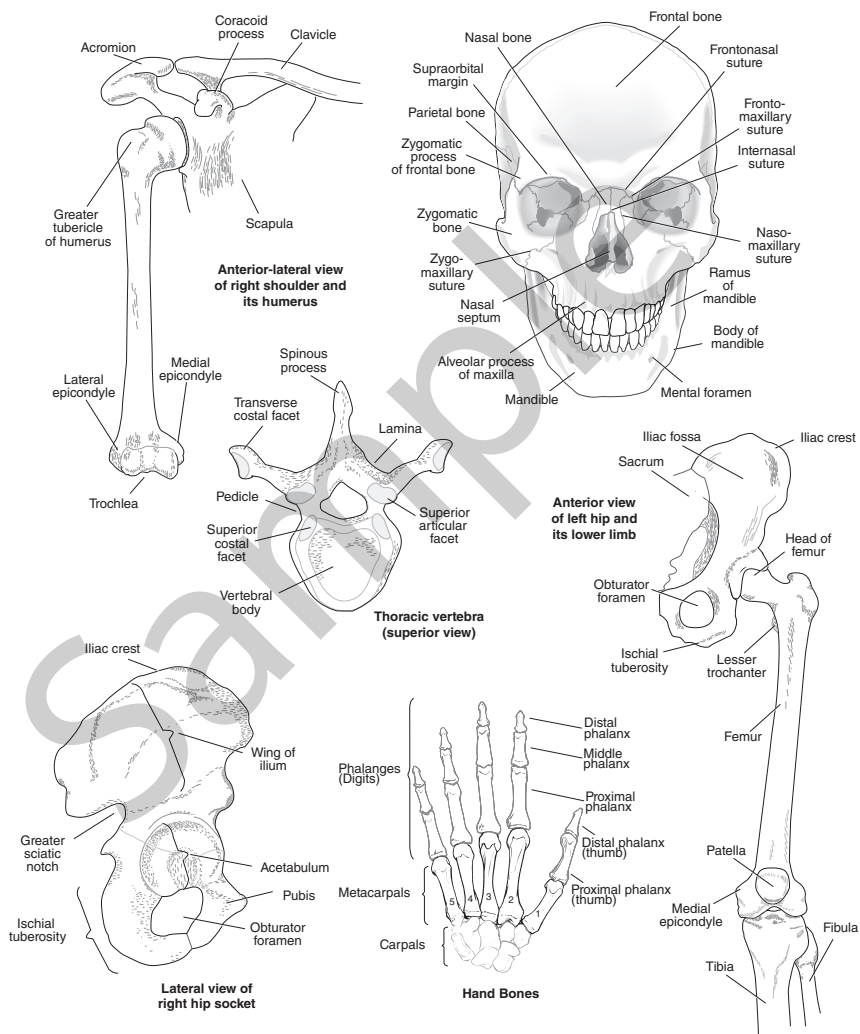
autograft. Any tissue harvested from one anatomical site of a person and grafted to another anatomical site of the same person. Most commonly, blood vessels, skin, tendons, fascia, and bone are used as autografts.

avulse. Tear away from, whether in an accidental injury or as a surgical procedure.

benign. Mild or nonmalignant in nature.

biofeedback. Process by which a person learns to influence autonomic or involuntary nervous system responses and physiologic responses normally regulated voluntarily, but whose control has been affected by trauma or disease.

biometry. Statistical analysis of biological data.



26437

The physician realigns an extensor tendon in the hand. The physician incises the overlying skin and dissects to the damaged tendon. The tendon is realigned to correct finger position. The incision is sutured in layers. Report each tendon separately.

26440-26442

The physician removes scar tissue to release a flexor tendon in a finger or the palm. The physician incises the overlying tissue and dissects to the affected tendon. The scar tissue is debrided and removed, freeing the tendon. The incision is sutured in layers. In 26440 repair is limited to the palm or finger. In 26442, repair extends to the hand and finger. Report each tendon separately.

26445-26449

The physician removes scar tissue to release an extensor tendon in a finger or the dorsum of hand. The physician incises the overlying tissue and dissects to the affected tendon. The scar tissue is debrided and removed, freeing the tendon. The incision is sutured in layers. In 26445 repair is limited to the hand or finger. In 26449, repair extends to the finger, including forearm. Report each tendon separately.

26450-26455

The physician incises a flexor tendon. The physician incises the overlying skin and dissects to the flexor tendon. The tendon is incised. The incision is sutured in layers. In 26450, the tendon is located in the palm. In 26455, the tendon is located in a finger. Report each tendon separately.

26460

The physician incises an extensor tendon in a hand or finger. The physician incises the overlying skin and dissects to the extensor tendon. The tendon is incised. The incision is sutured in layers. Report each tendon separately.

26471-26474

The physician sutures the tendon to the proximal or distal interphalangeal joint for stabilization. The physician incises the overlying skin and dissects to the joint. The tendon is incised and sutured over the joint space, providing joint stabilization. The incision is sutured in layers. In 26471, the proximal joint is stabilized. In 26474, the distal joint is stabilized. Report each tendon separately.

26476

The physician lengthens an extensor tendon in a hand or a finger. The physician incises the overlying skin and dissects to the tendon. The physician performs step cuts to lengthen the tendon. The incision is sutured in layers. Report each tendon separately.

26477

The physician shortens an extensor tendon in a hand or a finger. The physician incises the overlying skin and dissects to the tendon. The physician removes a section of the tendon and sutures the ends back

together, shortening the tendon. The incision is sutured in layers. Report each tendon separately.

26478

The physician lengthens a flexor tendon in a hand or a finger. The physician incises the overlying skin and dissects to the tendon. The physician performs step cuts to lengthen the tendon. The incision is sutured in layers. Report each tendon separately.

26479

The physician shortens a flexor tendon in the hand or finger. The physician incises the overlying skin and dissects to the tendon. The physician removes a section of the tendon and sutures the ends back together, shortening the tendon. The incision is sutured in layers. Report each tendon separately.

26480-26489

The physician transfers or transplants a tendon; a free tendon graft may be used if necessary. The physician incises the overlying skin and dissects to the tendon to be moved. The tendon is freed, transferred and sutured into place. If a free tendon graft is used, it is obtained from the palmaris longus tendon or from the foot. The incision is sutured in layers. For transfer or transplant of a carpometacarpal or dorsum of hand tendon without a free graft report 26480 for each tendon; report 26483 if a free graft is used. For transfer or transplant of a palmar tendon without a free graft, report 26485 for each tendon; report 26489 if a free tendon graft is used.

26490-26494

The physician transfers the superficialis tendon to restore palmar abduction to the thumb. The physician incises the overlying skin and dissects to the superficialis tendon. The tendon is freed and transferred to restore function. If a graft is used, the graft is obtained from the palmaris longus or the abductor digiti minimi. The graft is approximated and sutured into place. The incision is sutured in layers. Report 26490 if no graft is used. Report 26492 if a graft is used. Report each tendon separately. In 26494 the hypothenar muscle is transferred. The muscle tendon is resected from its distal attachment, transferred to the site and sutured into place.

26496

The physician performs this procedure when opposition of the thumb is lost because of median nerve paralysis. Methods described using this code include (1) attaching the extensor pollicis brevis to the extensor carpi ulnaris around the ulnar border of the wrist; (2) attaching the extensor carpi radialis longus to the extensor pollicis longus around the ulnar border of the wrist; (3) attaching the extensor indicis proprius tendon, with a small portion of the extensor hood, to the flexor pollicis longus tendon just distal to the metacarpophalangeal (MP) joint; (4) attachment of the extensor digiti minimi around the ulnar border of the wrist to the thumb MP joint; (5) attachment of the extensor indicis proprius with a small portion of the extensor hood around the ulnar border of the wrist to