



## Guidance document for processing PM-JAY packages

### Rectal prolapse

Procedures covered: 3

Specialty: General Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Perineal Procedure for Rectal Prolapse	Perineal Procedure for Rectal Prolapse	S100117	SG026A	14,000
Abdominal Procedure for Rectal Prolapse	Open	New Package	SG027A	19,000
Abdominal Procedure for Rectal Prolapse	Lap.	New Package	SG027B	19,000

**ALOS:** 3-5 Days

#### Minimum qualification of the treating doctor:

**Essential:** MS/DNB/Equivalent (in General Surgery), MCh/DNB/Equivalent (Pediatric Surgery, Surgical Gastroenterologist)

**Special empanelment criteria/linkage to empanelment module:** None

#### Disclaimer:

For monitoring and administering the claim management process of **Perineal Procedure for Rectal Prolapse/Abdominal Procedure for Rectal Prolapse**, NHA shall be following these guidelines. This document has been prepared for guidance of PROCESSING TEAM and TRANSACTION MANAGEMENT SYSTEM of AB PM-JAY for the claims of procedures mentioned above. The hospitals can also refer to this document so that they have the insight on how the claims will be processed. However, this document doesn't provide any guidance on clinical and therapeutic management of patient. In that respect the hospitals and physicians may refer to any other relevant material as per the extant professional norms.

### PART I: GUIDELINES FOR CLINICIANS AND HEALTHCARE PROVIDERS

#### 1.1 Objective:

The purpose of this section is to act as a guidance & a clinical decision support tool for the clinicians in deciding the line of treatment, plan clinical management of patient and decide referral of cases to the appropriate level of care (as required) for treatment of patients under PMJAY and selection of corresponding Health Benefit Package.

It will also serve as a tool for hospitals to determine and submit the mandatory documents required for claiming reimbursement of health benefit package under PMJAY.

#### 1.2 Clinical key pointers:

Protrusion of the entire rectum outside the anal verge is the feature of rectal prolapse. This condition is common in children and elderly patients. The symptoms of rectal procidentia include a history of mild abdominal discomfort, incomplete bowel evacuation, rectal mass, and mucus and/or stool discharge associated with altered bowel habits. The most common sign is a full-thickness protrusion of the rectum through the anus, which may be intermittent.

### **Types**

Prolapse can be of two types: Partial prolapse and complete prolapse

### **PARTIAL PROLAPSE**

- In this variety, the protrusion is between 1.25 and 3.75 cm outside the anal verge
- It is usually a mucosal prolapse

### **Causes**

- In infants, it is due to undeveloped sacral curve and in children it can be secondary to habitual constipation
- It can follow an attack of whooping cough or excessive straining
- It can follow an attack of diarrhea resulting in loss of fat in the ischioanal fossae, which supports the rectum
- In adults it is common in females mostly due to Torn perineum caused by obstetric trauma

### **Treatment**

1. Digital reposition: In infants, partial prolapse is temporary. The mother is advised to push the prolapse inside after lubricating with lignocaine jelly
2. Injection of ethanolamine oleate into the submucosa of the rectum. It causes aseptic fibrosis. Thus, mucosa gets tethered to the other layers
3. Partial prolapse can be excised

### **COMPLETE/TOTAL PROLAPSE**

- Full thickness prolapse is also called procidentia
- It is defined as protrusion of the rectum for more than 3.7 cm outside the anal verge. Very often, it is the entire rectum which protrudes out on straining, sometimes along with the peritoneal sac
- Often, it is associated with prolapse uterus

### **Causes**

1. Common in elderly women who are multipara
2. Excessive straining
3. Defective collagen maturation
4. Presence of deep rectovesical pouch and excessive mobility of the rectum (mesorectum)
5. Intussusception in the first stage, initiated by certain factors such as diarrhoea, constipation and disorder of the pelvic floor

## Investigations

These are useful in patients who have complaints of prolapse rectum, constipation, incontinence

1. Anorectal manometry
2. Function of pudendal nerve and puborectalis nerve

## Clinical features

- Female-male ratio is 6: 1
- Constipation is an important feature of rectal prolapse
- Excessive mucus discharge causing irritation to the perianal skin. Tenesmus is also common
- On asking the patient to strain at stool, the rectum descends down, which clinches the diagnosis
- Some degree of incontinence of faeces and flatus is always present. It gives rise to urgency and perianal soiling
- Rectal examination-lax anal sphincter and wide gaping on straining
- Procidentia

## Treatment: Surgical procedures-aim

1. Safe procedure to correct with minimal morbidity and without mortality. They are classified as perineal procedures and abdominal procedures
2. To cure or to improve incontinence

### I. PERINEAL PROCEDURES

1. Delorme's procedure
2. Altemeier's procedure
3. Thiersch wiring

### II. ABDOMINAL PROCEDURES

1. Wells operation
2. Ripstein sling operation
3. Mesh rectopexy
4. Lahaut's operation

- Mesh rectopexy corrects/prevents prolapse but does not correct chronic constipation.
- Laparoscopic mesh rectopexy has become gold standard-fast recovery, less pain, short hospital stay
- Mesh rectopexy with resection is ideal for patients with constipation or patients with a redundant sigmoid colon
- High operative risk patients-Thiersch wiring-anal encirclement
- Altemeier procedure done for perineum is an alternative in patients with incontinence. Here, perineal proctectomy and posterior sphincter enhancement is done

## 1.3 Mandatory documents- For healthcare providers

Following documents should be uploaded by the concerned hospital staff at the time of pre-authorization and claims submission:

<b>Mandatory document</b>	<b>Perineal Procedure for Rectal Prolapse/Abdominal Procedure for Rectal Prolapse</b>
<b>i. At the time of Pre-authorization</b>	
Clinical notes including evaluation findings especially per rectal examination, indication for procedure, and planned line of management	Yes
Photograph demonstrating prolapse (optional)	Yes
<b>Optional</b> Digital rectal examination (DRE) / sigmoidoscopy / fluoroscopic defecography / MRI / CT / USG abdomen/ Barium enema / Colonoscopy	Yes
<b>ii. At the time of claim submission</b>	
Detailed Indoor case papers (ICPs) with treatment details	Yes
Detailed Procedure / operative notes	Yes
Post-operative photograph (optional)	Yes
Detailed discharge summary	Yes

## **PART II: GUIDELINES FOR PROCESSING TEAM**

**2.1 Objective:** To provide guidance to the pre-authorization and claims processing team in ascertaining the medical necessity of procedure carried out vis a vis the patient's medical condition as evidenced by supporting documents/investigation reports etc, in deciding the admissibility and quantum of claim and compliance with mandatory documents by the hospital.

**2.2 Following mandatory documents to be diligently reviewed by the pre-auth / claims processing personnel:**

**2.2.1 At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):**

- Clinical notes - detailed history, signs & symptoms, planned line of treatment, indication for procedure?
- Clinical evaluation confirming the diagnosis?

**2.2.2 At the time of claim processing- For claims processing doctor (CPD):**



- a. Are the detailed ICPs with daily vitals and line of treatment?
- b. Are the detailed procedure / Operative Notes available?
- c. Was clinical evaluation  $\pm$  imaging indicative of surgery?
- d. Was post-operative photographs submitted (optional)?
- e. Is the Discharge summary with follow-up advice at the time of discharge?

### **PART III: GUIDELINES FOR IT**

**3.1 Objective:** To enable setting up of cross check mechanisms / rule engines within the IT platform (TMS) to ensure compliance with STGs and to prevent fraud / abuse of the Health Benefit Package.

**3.2 Below mentioned are the scenarios where a provision would be built in TMS for pop-ups (PPD):**

- I. Is history & clinical examination suggestive of prolapse? Yes

Till the time the functionality is being developed, the processing doctors shall check the above manually.

#### **References:**

1. K Rajgopal Shenoy, Anitha Shenoy (Nileshwar). Manipal Manual of Surgery. Fourth Edition.
2. Bordeianou L, Paquette I, Johnson E, et al. Clinical Practice Guidelines for the Treatment of Rectal Prolapse. *Dis Colon Rectum*. 2017;60(11):1121-1131. doi:10.1097/DCR.0000000000000889