



## Guidance document for processing PM-JAY packages

### Resuturing of Wounds

Procedures covered/ count: 1

Specialty: Obstetrics & Gynecology

Package name	Procedure name	HBP 2.0 code	HBP 2022 code	Package price (INR)
Resuturing of wounds	Resuturing of wounds	New	SO070A	NRP: 5000 Tier 1:6300 Tier 2: 5900 Tier 3: 5000

ALOS: 1-2 days

Minimum qualification of the treating doctor: MS/MD/DNB/DGO/ Equivalent (OB&GYN)

Special empanelment criteria/linkage to empanelment module: - None

#### Disclaimer:

For monitoring and administering the claim management process of **Resuturing of Wounds**, 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 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:

When an incision or a cut made during surgical procedure reopens, it's called a Wound dehiscence. Its most common within 5 to 15 days after a surgery. There can be partial or complete disruption of a closed wound with or without protrusion or evisceration. It could be abdominal/ perineal wound.

#### Indications for Resuturing of Wounds include:

- The signs and symptoms include Pain, Redness, Swelling, Bleeding, Discharge with/ without fever, presence of raw/ infected area in the stitch line.
- History of perineal injury after childbirth (Vaginal delivery)



c. History of caesarean surgery or laparotomy

**Risk factors:**

**Pre-operative:** obesity, sepsis, diabetes, long term corticosteroid usage, hypoalbuminemia/ malnutrition, anemia, uremia, malignancy, chemotherapy, prolonged labour

**Intra-operative:** Type of surgical procedure (emergency/ elective), incision type, use of drainage, suturing techniques, suturing materials.

**Post-operative:** Conditions that increase intra-abdominal pressure such as use of mechanical ventilation, excessive coughing and vomiting, post operative ileus, urinary bladder distension, ascites, infection, anti-neoplastic medication, hematoma formation

**Management:** Conservative management to Surgical treatment

### 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:

- i. **At the time of pre-authorization:**
  - a. Detailed Clinical notes with history, symptoms, signs, examination findings, indication for procedure, planned line of treatment, and advice for admission
  - b. History of undergoing recent surgical procedure/ delivery/ laparotomy.
- ii. **At the time of claims submission:**
  - a. Detailed indoor case papers clearly indicating the need for performing the surgery
  - b. Detailed Procedure/ Operative notes
  - c. Discharge summary with advice on wound care & follow-up.

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

## **PART III: GUIDELINES FOR TRANSACTION MANAGEMENT SYSTEM (TMS)**

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 (at level of MEDCO):**

- I. Was the clinical presentation, severity, indicative of the procedure? Yes/No
- II. Was there a recent history of laparotomy/ delivery? Yes/ No

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

### **References:**

1. What is wound dehiscence, WebMD, April 2021, <https://www.webmd.com/a-to-z-guides/what-is-wound-dehiscence>



2. Early re-suturing of dehiscence of obstetric perineal wounds: A 13-year experience, Nov 2020, European Journal of Obstetrics & Gynecology and Reproductive Biology  
<https://www.sciencedirect.com/science/article/abs/pii/S0301211520305819>
3. Abdominal Wound Dehiscence: A Review of Risk Factors, Prevention and Management in Obstetrics and Gynecology Practice, June 2021,  
[https://www.researchgate.net/publication/353274791\\_Abdominal\\_Wound\\_Deiscence\\_A\\_Review\\_of\\_Risk\\_Factors\\_Prevention\\_and\\_Management\\_in\\_Obstetrics\\_and\\_Gynecology\\_Practice](https://www.researchgate.net/publication/353274791_Abdominal_Wound_Deiscence_A_Review_of_Risk_Factors_Prevention_and_Management_in_Obstetrics_and_Gynecology_Practice)