

## Table 2

Coding Scenario: Operative Procedure

**Preoperative Diagnosis:** Vulvar cellulitis. Rule out necrotizing fasciitis.

**Postoperative Diagnosis:** Incision of vulva, vulvar biopsy.

**Findings:** Induration and edema of the left mons with edema of the left labia. No evidence of vaginal or Bartholin gland involvement. A frozen section of the vulvar biopsy revealed acute and chronic inflammation with no evidence of necrotizing fasciitis.

**Description of Procedure:** The patient was taken to the operating room where general endotracheal anesthesia was obtained without difficulty. The patient was then prepared and draped in the normal sterile fashion in the dorsal lithotomy position. A red rubber catheter was used to drain the bladder, and then a scalpel blade was used to incise the left side of the mons superior to the left labia in a vertical fashion. There was no evidence of any purulent or necrotic tissue, and the vulvar tissue showed good vascularization. Pickups and a scalpel were used to obtain a small, approximately 0.5 cm tissue biopsy, and then the incision base was cauterized with the Bovie. An intraoperative consult with Pathology was obtained, and a frozen section of the biopsy revealed no evidence of necrotizing fasciitis. Excellent hemostasis was noted from the incision. The incision bed was packed with gauze coated in bacitracin ointment. A red rubber Foley catheter was inserted in the patient's bladder. She was extubated in the operating room without difficulty and taken to the recovery room in stable condition. Cultures from the wound were sent for both aerobic and anaerobic cultures as well as for Gram stain. Sponge, lap, needle, and instrument counts were correct  $\times 2$ .

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