

HTG565 - Minimally invasive radical hysterectomy for early stage cervical cancer

The mandated classifications (OPCS-4 or ICD-10) provide a method to collect and aggregate data to allow accurate and consistent data analysis.

Procedure:

OPCS-4 code(s):

In OPCS-4, 'radical' operations are usually neither listed nor tabulated as such in the classification. The term 'radical' can imply an operation on more than one site, e.g. removal of an organ and its associated lymph nodes. Users of the classification must ensure instruction notes are applied in these cases to fully reflect the intervention performed.

One of the following OPCS-4 codes is selected:

- Q07.1 Abdominal hysterocolectomy and excision of periuterine tissue**
- Q07.2 Abdominal hysterectomy and excision of periuterine tissue NEC**
- Q07.3 Abdominal hysterocolectomy NEC**
- Q07.4 Total abdominal hysterectomy NEC**

Plus

- Y75.- Minimal access to abdominal cavity**

The codes above are followed by the following OPCS-4 codes:

- T87.5 Excision or biopsy of para-aortic lymph node**

Plus

- Y75.- Minimal access to abdominal cavity**

And/or

- T87.8 Other specified excision or biopsy of lymph node**

Plus

- Y75.- Minimal access to abdominal cavity**

Note: A supplementary code would be assigned in a secondary position to indicate any concurrent excision of structures connected to the uterus such as the top of the vagina and the ovaries.

Diagnosis or health condition:

ICD-10 code(s):

- C53.- Malignant neoplasm of cervix uteri**

Clinical coding recommendations for NICE guidance

For each published interventional procedure guidance, we work with NHS England to provide relevant clinical coding information.

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NICE and NHS England Terminology and Classifications Delivery Service work collaboratively to ensure the most appropriate OPCS-4 and ICD-10 codes are provided.

NHS England is the national release centre for the UK edition of ICD-10 and OPCS-4. Further Classifications information, see [here](#).