

SEER Inquiry System - Report

Produced: 02/16/2025 9:59 PM

Question 20081011

References:

#1: 2007 SEER Manual, 178-180

#2: 2007 SEER Manual, C-317. Appendix C

Question:

Surgery of Primary Site/CS Reg LN Exam/Scope Regional LN Surgery--Rectum: How are these fields coded when a patient develops a non-tumor related complication that requires an additional sigmoid resection that removes 2 additional lymph nodes one week following a low anterior resection that removed 4 lymph nodes? See Discussion.

Discussion:

Patient had a low-lying rectal cancer that was biopsied and then treated with radiation and chemo followed by a low anterior resection. Four nodes were removed. There was no residual tumor. The patient returned one week later due to a rectal bleed, thought to be an abscess. During surgical exploration it was found that the anastomosis had broken down and it was decided to do a sigmoid colectomy. Residual disease was not suspected. Two additional nodes were removed.

Answer:

Surgery of primary site: Assign code 30 [low anterior resection]. Code the most extensive surgery (i.e. the highest surgery code) applicable.

CS Reg LN Exam: Code 04 [four nodes removed].

Scope of regional lymph node surgery: Code 5 [4 or more regional lymph nodes removed].

The sigmoid colectomy was performed for a surgical complication, thus it was not cancer-directed therapy. The regional lymph nodes removed during that procedure were not removed to diagnose cancer or stage the disease, and they were not removed during the initial treatment. Please see SEER manual for instructions for coding Regional Lymph Node Surgery.

Cancer Site Category:

N/A

Data Item Category:

Surgery of Primary Site, Scope Regional LN Surgery

Other Category:

N/A

Year:

2008