## **DESTRUCTION OF LESION OF EYELID MARGIN**

**CPT Code** 67850

**E**F 6.13 **Operative Report Patient Name** Date **CLINICAL INDICATIONS MEDICAL COVERAGE** ☐ The lesion obstructs an orifice ☐ Cyst of eyelid **DIAGNOSIS CODE** ☐ Chronic conjunctivitis ☐ The lesion clinically restricts vision ☐ Madarosis ☐ The lesion has physical evidence of inflammation ☐ Molluscum contagiosum ☐ The lesion is bleeding, itching, painful, changing in size, and/or changing in physical appearance □ Squamous blepharitis ☐ Ulcerative blepharitis ☐ The lesion is in an anatomical region subject to recurrent trauma **PROCEDURE** METHOD OF REMOVAL HISTOLOGY **CLOSURE** MEIBOMIAN GLANDS □ Evacuation -- Yes ☐ Right eye ☐ Mechanical debridement □ Benign □ None ☐ Left eye ☐ Microblepharoexfoliation ☐ Malignant ☐ Simple ☐ Evacuation -- No □ Cauterization ☐ Uncertain ☐ Complex **TECHNIQUE** The patient was brought into the examination room and placed in an upright position in the exam chair. The eyelids and eyelid margins were examined microscopically and the eyelid lesion(s) identified. One drop of tetracaine 0.5% ophthalmic solution was placed onto the surface of the eye. The eyelid margins were exposed and then cleaned with a hypochlorous acid solution. The patient was then reclined into a supine position and instructed to look upwards. The lower eyelid was secured and the lower eyelid margin was again exposed. A hand-held electromechanical device with a rotating abrasive pad was used to debride the lesion and exfoliate the lower eyelid margin. After several passes along the lower eyelid margin with the abrasive pad, the lesion was destroyed. The patient was then instructed to look down while the upper eyelid was secured and the upper eyelid margin exposed. The mechanical debridement and microblepharoexfoliation procedure was then repeated on the upper eyelid margin until the lesion was destroyed. DISCHARGE ☐ The patient tolerated the procedure well and was discharged in good condition ☐ Instructions were given to call the office if there was any pain or discomfort after the procedure

**EYEFORMS** 

[1/1]

**Doctor's Signature**