INTERNATIONAL Adhesions Society

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To whom it may concern,

Thank you for allowing the public to comment on your deliberations regarding the creation of an ICD-9CM code for the application of adhesion barriers. By way of introduction I have been researching and developing products for the prevention of adhesions since 1987. For nine of those years I worked for a large medical products company entirely in this field, where ultimately I headed up the adhesions program in one of their subsidiaries. I started my own R&D company, Synechion, in 1996 focusing entirely on adhesion prevention. I have conducted numerous studies on adhesion formation, have been involved in the development of novel approaches to adhesions and tested hundreds of potential treatments. I have personally been connected in one way or another with a significant portion of the world's knowledge about adhesions.

Stemming from my scientific activities I founded the International Adhesions Society (www.adhesions.org) whose goal it is to promote awareness and research into Adhesion Related Disorder. Our web site receives thousands of visitors every month from not only the US, but the whole world. We provide support and information to patients and families whose lives have been devastated not only by adhesions, but also by a lack of knowledge about them, on the part of many health professionals and the ways that they can be reduced. I apologise for the forward way with which I state my credentials, but it is only to emphasize to you, respectfully, that the biggest battle against adhesions remains not in the laboratory or in the clinic, but in the arena of public awareness. Because without the understanding of the extent and magnitude of the problem of adhesions, the lack of funding of research, development of more effective therapies and access of patients to treatment, will continue cause suffering to hundreds of thousands of patients every year. I therefore urge you to approve the creation of an ICD-9CM code for the application of an adhesion barrier.

Due to the unappreciated magnitude of the problem, such a code will facilitate the tracking of what is a significant and distinct surgical procedure. Currently surgeons may perform a primary procedure without regard for the consequences of adhesions. The application of an adhesion barrier should be considered a separate and significant part of a patient's overall therapy. The surgeon must understand the importance of preventing adhesions and be ready, based on proper statistical evidence, to do something about it. The creation of a special code will help provide this evidence, and will improve the access of the American public to adhesion prevention agents.

Since adhesions can form after any surgical procedure, and since problems due to adhesions can occur even many years after a procedure, the documentation (via coding) of whether a person was treated for adhesions is a vital statistic needed for the long term tracking of the outcomes and benefits of surgical procedures which are combined with adhesion prevention.

Post-operative adhesions - internal scarring that connects otherwise unattached tissues, are arguably the most significant complication of surgery, causing bowel obstruction, pain and infertility. Hospital admissions for Adhesion Related Disorder (ARD) rivals the number of, hip replacements, heart bypass operations, or appendix operations. 35% of women having open gynecologic surgery will be readmitted 1.9 times in 10 years for operations due to

adhesions, or complicated by adhesions. In USA in 1993, 347,000 operations for lysis of peritoneal adhesions were performed, of which about 100,000 involved intestinal adhesions. In 1988, there were about 280,000 hospitalizations for adhesions, the annual cost of which was estimated conservatively as $1.2 billion per year.

These massive numbers belie the suffering endured by the individual. Often in constant pain, the patient experiences loneliness, hopelessness, frustration and desperation with thoughts of suicide. Family and work relationships are strained to the limit. Although adhesions are often (but not always) the cause of this pain, treatment for adhesions is not performed either because the surgeon does not believe that adhesions can cause the problem, or because lysis of adhesions is considered too difficult or futile.

The creation of a code for adhesion prevention will enable us to document and describe more fully the extent of the problem and to increase awareness about its treatment among doctors and other health providers. By comparing the linkage between an adhesion prevention code with that of different surgical procedures will facilitate decisions about where more research and awareness programs are needed.

Ultimately it can only benefit the individual stricken with this devastating disorder. I will be happy to answer any questions that you may have that will facilitate your decision.

Please do not hesitate to contact me. I also invite you to visit our web site and to download our newsletter from www.adhesions.org

Thank you again for you consideration

Sincerely

David Wiseman Ph.D., M.R.Pharm.S.