Request for Coverage of “Adhesion Removal Therapy” for Adhesion Disease, or Recurring Bowel Obstructions

To Whom It May Concern,

This letter is my request to receive coverage for a conservative, effective and innovative physical therapy that has been shown to decrease adhesions in the bowel. While unavailable in your provider network, this therapy could save my life, help me avoid another surgery, and save your company tens of thousands of dollars by preventing repeat hospitalization and surgery.

Manual physical therapy is a recognized conservative treatment with a wide variety of adhesive conditions including burns, adhesive capsulitis, radiculopathy, pain, infertility and lessening of scars. It has prevented adhesion formation in animal models. It can delay or prevent recurring small bowel obstruction (SBO) with much lower risks – at a small fraction of the cost of hospitalization and surgery.

I have a history of adhesive small bowel obstruction (ASBO) and continue to have post-surgical obstructions. Based on my symptoms and the medical literature, I will likely require more surgery unless I can do something to decrease my adhesions. Surgery is often cited as the primary cause of SBO; repeat surgery increases the risk of adhesion formation, increasing the probability of another ASBO and additional surgery – thus, every surgery costs your company significant money.

Adhesions are a well-documented risk of surgery. An exhaustive study of five decades of surgery showed that 55% to 100% of patients develop adhesions after abdominal or pelvic surgery. Numerous journal studies cite surgery as a major cause of abdominal adhesions and the primary cause of bowel obstruction, presumably due to adhesions that form after surgery.

Two of the largest such studies follow:

- A multi-decade literature review published in Digestive Surgery showed that more than 90% of patients develop adhesions after open abdominal surgery and 55% to 100% of women develop adhesions after pelvic surgery. The study noted that “small-bowel obstruction, infertility, chronic abdominal and pelvic pain, and difficult reoperative surgery are the most common consequences of peritoneal adhesions.”

- Post-surgical adhesions were the focus of a large, ten-year retrospective study of 29,790 patients published in Lancet. This study reported that 35% of all open abdominal or pelvic surgery patients were readmitted to the hospital an average of 2.1 times for complications attributed to post-surgical adhesions, during the 10 years after their original surgery. Many follow-up surgeries (22%) occurred in the first year after surgery, and “readmissions continued steadily throughout the 10-year period of the study.”
Current medical guidelines and literature cite:

The WES Working Group on ASBO updated the current position and guidance in the fall of 2013 as published in the *World Journal of Emergency Surgery*. This international panel of experts and physicians reported:

The etiology of adhesions is inflammation; adhesions can begin to form within hours of surgery.

- 60-70% of patients with peritoneal adhesions experience bowel obstructions
- Documented risk factors for ASBO include:
  - Prior ASBO
  - Prior laparotomy within 5 years
  - Multiple laparotomies
  - Penetrating abdominal surgery or injury
  - Surgery of the colon, rectum or gynecological organs
  - Omental resection
  - Peritonitis
- Current Guidelines based upon level I and II evidence state:
  - *Non-operative management of ASBO is the first option* due to complications inherent in patients with adhesive disease including increased risk of enterotomy
  - Surgeons should only lyse/sever pathogenic adhesions
  - There is no effective mechanical barrier for post-surgical adhesion formation.

The Clinical Adhesion Research and Evaluation (CARE) Group published a review in November 2010 of adhesion disease studies. The publication reported:

- 65-75% of small bowel obstruction are due to adhesive disease
- 85% likelihood for adhesion reformation or *de novo* generation when adhesiolysis was performed during surgery
- Adhesions were identified as the source of chronic pain in 30-50% of laparoscopies performed for pain
- There was a 20% rate of inadvertent enterotomy with each surgery

The most common abdominal surgery procedures to treat ASBO include bowel resection and adhesiolysis. Per the U.S. Department of Health and Human Services for 2010, the associated costs and related statistics for these two procedures are:

- Bowel resection surgery (CCS:75)
  - Average cost $114,175
  - Average hospital stay for treatment: 14.2 days
  - 18% hospital readmission rate within 30 days after surgery
  - 6.7% fatality rate

- Excision of intra-abdominal adhesions (CCS:90)
  - Average cost $65,955
  - Average hospital stay for treatment: 8.4 days
  - 12.3% hospital readmission rate within 30 days after surgery
  - 2.3% fatality rate
Statistics on this adhesion removal therapy compared to surgical intervention are:

- This conservative manual physical therapy
  - Cost $6,000 for 20 hours of treatment over 5 days; few patients require more.
  - Average hospital stay for treatment: 0 days
  - 2% hospital readmission rate within 30 days after surgery (estimate)
  - 0% fatality rate

Per WSES guidelines, I am requesting this adhesion removal therapy to avoid another surgery for my ASBO episodes. Data from some of the published studies on the effects of this therapy are highlighted below:

General studies on the therapy
- The therapy was found safe and effective, no adverse events, with statistically significant improvements in pain, gastrointestinal issues and quality of life.\textsuperscript{26}
- Early results show two-year “return to surgery” rates as:
  - 3% rate after therapy \textit{vs.} 30% expected rate after surgery \textsuperscript{27}

Individual case reports
- Total resolution of SBO and bowel stricture by independent radiology report in a 69 year-old man with significant surgical history that began with bowel obstruction surgery immediately after birth.\textsuperscript{22}
- 49 year-old woman with adhesive disease. The seventh adhesiolysis surgery was canceled after receiving this therapy with no further ASBO episodes or surgeries – now as of 5.5 years post follow-up. There was also a documented significant pain reduction post treatment.\textsuperscript{22} During a hernia repair surgery six years after therapy, her surgeon reported that the patient no longer had the abdominal adhesions he expected to see.
- Resolution of ASBO and improved quality of life in a 61 year-old female patient who initially presented at therapy on intravenous TPN nutrition and who was able to consume solid food after therapy.\textsuperscript{23}
- Resolution of ASBO symptoms, elimination of requirement for daily laxatives and documented reduction in pelvic adhesions via ultrasound in a pediatric patient with extensive pelvic trauma resulting from an MVA vs. pedestrian accident.\textsuperscript{24}

In short, ASBO is a life-threatening condition caused by adhesions that form as the body heals from surgery. I would like to avoid another SBO surgery that will cause me needless suffering, cause more adhesions to form, and cost you tens of thousands of dollars. Because I am having recurring SBO symptoms, I am concerned I will have to undergo one or more additional surgeries unless I have this therapy.

I respectfully request you cover the cost of this conservative adhesion removal therapy (Clear Passage Approach) that has been shown effective decreasing adhesions in people with a history of ASBO, and helping them avoid future surgery. Unlike surgery, this therapy does not require hospitalization or long recovery, has been shown to deform adhesions, and costs a fraction of surgery – with significantly fewer risks, and no fatalities. During therapy, the providers will also instruct me in methods to avoid future SBOs – and surgeries.

Thank you for your consideration.

Signature
References


