

NAME OF THE HOSPITAL: _____

10). Biliary Drainage Procedures - External Drainage And Stent Placement - Single Metallic Stent: M15W1.15

1. Name of the Procedure: Biliary Drainage Procedures - External Drainage And Stent Placement - Single Metallic Stent
2. Indications: Select indication which is applicable
Decompress Obstructed Biliary System/ Dilate Biliary Strictures/ Remove bile stones when ERCP fails or is contraindicated/ Divert bile from bile duct leak and stent bile duct defect/ Treatment of acute biliary sepsis/ Malignant Obstructive Jaundice
3. Does the patient presented with fever, jaundice, pruritis, sepsis, post operative or post traumatic biliary output from surgical drain: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done- Coagulation profile (PT INR, platelet count), Creatinine, CT/ MRI/ USG/ ERCP: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
 - a. Ascites: Yes/No
 - b. Uncorrectable Coagulopathy: Yes/No

For Eligibility for Biliary Drainage Procedures - External Drainage And Stent Placement - Single Metallic Stent the answer to question 5a & 5b must be No

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp
