

NAME OF THE HOSPITAL: _____

18). Balloon Retrograde Transvenous Obliteration Of Bleeding Gastric Varices (BRTO):
M15W1.22

1. Name of the Procedure: Balloon Retrograde Transvenous Obliteration Of Bleeding Gastric Varices (BRTO)
2. Indications: Select indication which is applicable
Actively bleeding gastric varices with gastro renal shunt (GRS)/ Refractory encephalopathy with gastro renal shunt (GRS)/ Poor candidates for TIPSS
3. Does the patient presented with hematemesis, malena, encephalopathy: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done- CBC, Coagulation profile, serum creatinine, upper GI endoscopy, Triple phase CT/MRI: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of oesophageal variceal bleeding: Yes/No

For Eligibility for Balloon Retrograde Transvenous Obliteration Of Bleeding Gastric Varices (BRTO) the answer to question 5 must be No

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

Treating Doctor Signature with Stamp
