

NAME OF THE HOSPITAL: _____

19). Preoperative Portal Vein Embolization For Liver Tumors: M15W1.23

1. Name of the Procedure: Preoperative Portal Vein Embolization For Liver Tumors
2. Indications: Patients with major hepatic resection with FLR < 25-35%
3. Does the patient presented with weight loss, loss of appetite, hepatic malignancy: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done- USG/ CT/
Triple phase CT showing tumor volumetry depicting future liver remnant (FLR): Yes/No
(Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
 - a. Tumor invading portal vein: Yes/No
 - b. Uncorrectable Coagulopathy: Yes/No

For Eligibility for Preoperative Portal Vein Embolization For Liver Tumors 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
