

NAME OF THE HOSPITAL: _____

37). Mesenteric Artery Angioplasty & Stenting In Acute & Chronic Mesenteric Ischemia - Single Stent: M15W1.9

1. Name of the Procedure: Mesenteric Artery Angioplasty & Stenting In Acute & Chronic Mesenteric Ischemia - Single Stent
2. Indications: Select indication which is applicable
Short segment occlusion (< 3cms)/ Short segment > 70% stenosis/ Short segment > 50% stenosis with systolic pressure gradient of 10 mm Hg
3. Does the patient presented with post prandial pain, nausea, weight loss, diarrhea, gasteroparesis, gastric ulceration: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done- Angiogram/ CT angio: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
 - a. Bowel Necrosis: Yes/No
 - b. Extrinsic compression as a cause of stenosis (MALS) : Yes/No
 - c. Presence of extensive diasease involving major secondary branches: Yes/No
 - d. Angiographic evidence of intraluminal thrombus: Yes/No
 - e. Cardiac source of emboli: Yes/No
 - f. Coagulopathy: Yes/No

For Eligibility for Mesenteric Artery Angioplasty & Stenting In Acute & Chronic Mesenteric Ischemia - Single Stent the answer to question 5a, 5b, 5c, 5d, 5e & 5f must be No

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

Treating Doctor Signature with Stamp
