NAME OF THE HOSPITAL:	

- 26). Parapharyngeal Tumour Excision: S2B2.5
 - 1. Name of the Procedure: Parapharyngeal Tumour Excision
 - 2. Indications:

Transoral approach – Small benign tumors arising from minor salivary glands limited to prestyloid parapharyngeal space

Transcervical approach – Most post styloid parapharyngeal space tumors

Transcervical transparotid approach – Tumors arising from deep lobe of parotid

Transcervical Transmandibular approach – Very large tumors, vascular tumors with superior parapharyngeal space extension

Infratemporal fossa approach – Malignant tumors involving skull base or jugular foramen

- 3. Does the patient presented with painless mass in oral cavity or neck, dysphagia, deafness, fullness in ear, pharyngeal pain: Yes/No
- 4. If the answer to question 3 is Yes then are the following tests being done- FNAC, CT scan/ MRI: Yes/No (Upload reports)

For Eligibility for Parapharyngeal Tumour Excision the answer to question 4 must be Yes

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

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL:	

- 27). Parapharyngeal Tumour Excision: S2B2.5
 - 1. Name of the Procedure: Parapharyngeal Tumour Excision
 - 2. Indications:

Transoral approach – Small benign tumors arising from minor salivary glands limited to prestyloid parapharyngeal space

Transcervical approach – Most post styloid parapharyngeal space tumors

Transcervical transparotid approach – Tumors arising from deep lobe of parotid

Transcervical Transmandibular approach – Very large tumors, vascular tumors with superior parapharyngeal space extension

Infratemporal fossa approach – Malignant tumors involving skull base or jugular foramen

- 3. Does the patient presented with mass in neck, pain & fullness in ear, dysphonia, bulge of the homolateral soft palate, tonsil and facial pillar: Yes/No
- 4. If the answer to question 3 is Yes then are the following tests being done- FNAC, CT scan/ MRI: Yes/No (Upload reports)

For Eligibility for Parapharyngeal Tumour Excision the answer to question 4 must be Yes

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

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL:	
28). Parapharyngeal Tumour Excision: S2B2.5	

2. Indications:

Transoral approach – Small benign tumors arising from minor salivary glands limited to prestyloid parapharyngeal space

Transcervical approach – Most post styloid parapharyngeal space tumors

1. Name of the Procedure: Parapharyngeal Tumour Excision

Transcervical transparotid approach – Tumors arising from deep lobe of parotid

Transcervical Transmandibular approach – Very large tumors, vascular tumors with superior parapharyngeal space extension

Infratemporal fossa approach – Malignant tumors involving skull base or jugular foramen

- 3. Does the patient presented with painless mass in neck, pain & fullness in ear, dysphonia, bulge of the homolateral soft palate, tonsil and facial pillar, trismus, X & XII cranial nerve palsy: Yes/No
- 4. If the answer to question 3 is Yes then are the following tests being done- FNAC, CT scan/ MRI: Yes/No (Upload reports)

For Eligibility for Parapharyngeal Tumour Excision the answer to question 4 must be Yes

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

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL:
29). Parapharyngeal Tumour Excision: S2B2.5
1. Name of the Procedure: Parapharyngeal Tumour Excision
2. Indications:
Transoral approach – Small benign tumors arising from minor salivary glands limited to prestyloid parapharyngeal space

Transcervical approach – Most post styloid parapharyngeal space tumors

Transcervical transparotid approach – Tumors arising from deep lobe of parotid

Transcervical Transmandibular approach – Very large tumors, vascular tumors with superior parapharyngeal space extension

Infratemporal fossa approach – Malignant tumors involving skull base or jugular foramen

- 3. Does the patient presented with bulge in oral cavity, tonsil and facial pillar, swelling in the neck, fullness in ear, dysphonia: Yes/No
- 4. If the answer to question 3 is Yes then are the following tests being done- FNAC, CT scan/ MRI/ carotid angiography/ digital subtraction angiography (DSA): Yes/No (Upload reports)

For Eligibility for Parapharyngeal Tumour Excision the answer to question 4 must be Yes

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

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL:	-
30). Parapharyngeal Tumour Excision: S2B2.5	
1. Name of the Procedure: Parapharyngeal Tumour Excision	
2. Indications:	

Transoral approach – Small benign tumors arising from minor salivary glands limited to prestyloid parapharyngeal space

Transcervical approach – Most post styloid parapharyngeal space tumors

Transcervical transparotid approach – Tumors arising from deep lobe of parotid

Transcervical Transmandibular approach – Very large tumors, vascular tumors with superior parapharyngeal space extension

Infratemporal fossa approach – Malignant tumors involving skull base or jugular foramen

- 3. Does the patient presented with painless mass, sore throat, dysphonia, dysphagia, trismus, nasal obstruction, oral fullness, pulsating tinnitus, deafness, syncope, vertigo, pharyngeal pain: Yes/No
- 4. If the answer to question 3 is Yes then are the following tests being done- FNAC, CT scan/ MRI/ carotid angiography: Yes/No (Upload reports)

For Eligibility for Parapharyngeal Tumour Excision the answer to question 4 must be Yes

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

Treating Doctor Signature with Stamp