

NAME OF THE HOSPITAL: _____

32). Uvulo-Palato Pharyngoplasty: S2B2.7

1. Name of the Procedure: Uvulo-Palato Pharyngoplasty

2. Indication:

Mild obstructive sleep apnoea with excessive day time fatigue
Apnoea – hypopnea index of 15 or more
Oxy Hb desaturation more than 90%
Cardiac arrhythmia associated with obstruction

3. Does the patient presented with snoring, excessive daytime sleepiness, morning headaches, personality change, poor memory, difficulty in concentrating, abnormal body movements: Yes/No

4. If the answer to question 3 is Yes then is there evidence of mild obstructive sleep apnoea confirmed through investigations like Polysomnography, CT/MRI, Thyroid function test, overnight pulse oximetry recording, lung function test: Yes/No (Upload reports)

5. If the answer to question 4 is Yes, then is the patient having evidence of soft palate level < 3+ and lower pharyngeal level > 2+ on muller’s maneuver: Yes/No

For Eligibility for Uvulo-Palato Pharyngoplasty 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

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4. If the answer to question 3 is Yes then are the following tests being done- Polysomnography, CT/MRI, Thyroid function test, overnight pulse oximetry recording, lung function test: Yes/No (Upload reports)

5. If the answer to question 4 is Yes, then is the patient having evidence of soft palate level < 3+ and lower pharyngeal level > 2+ on muller's maneuver: Yes/No

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