

NAME OF THE HOSPITAL: _____

1. Caesarean hysterectomy with bladder repair: Atonic postpartum hemorrhage: S4C1.1

1. Name of the Procedure: Caesarean hysterectomy with bladder repair

2. Select the Indication from the drop down of various indications provided under this head:

Atonic post partum hemorrhage
Traumatic PPH: Rupture uterus/extensive cervical or vaginal lacerations with broad ligament hematoma/ruptured corneal ectopic pregnancy.
Morbidly adherent placenta
Puerperal sepsis
Complete placenta previa

3. Does the patient have atonic PPH: Yes/No

4. If the answer to question 3 is yes,

a. Did the patient receive uterotonic agents like oxytocin, methergin, 15 methyl PGF2 α or PGE1 analogues: Yes/No

b. Other methods like bimanualuterine compression, uterine packing, systemic devascularisation of uterus, B-Linch sutures etc. done: Yes/No

5. If the answer to question 4a AND 4b is yes, then is the atonic PPH controlled with this measures: Yes/No

For eligibility for Caesarean hysterectomy with bladder repair in a case of Atonic PPH the answer to question 5 must be No

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

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NAME OF THE HOSPITAL: _____

2. Caesarean hysterectomy with bladder repair: Traumatic PPH: S4C1.1

1. Name of the Procedure: Caesarean hysterectomy with bladder repair
2. Select the Indication from the drop down of various indications provided under this head:

Atonic post partum hemorrhage
Traumatic PPH: Rupture uterus/extensive cervical or vaginal lacerations with broad ligament hematoma/ruptured corneal ectopic pregnancy
Morbidly adherent placenta
Puerperal sepsis
Complete placenta previa

3. Does the patient have traumatic PPH which is confirmed by examination or USG or culdocentesis: Yes/No (Upload reports)
4. If the answer to question 3 is yes, is the conservation of uterus possible by suturing the uterine rent or cervical or vaginal laceration or evacuating the broad ligament hematoma: Yes/No

For eligibility for Caesarean hysterectomy with bladder repair in a case of Traumatic PPH the answer to question 4 must be No

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NAME OF THE HOSPITAL: _____

3. Caesarean hysterectomy with bladder repair: Morbidly adherent placenta: S4C1.1

1. Name of the Procedure: Caesarean hysterectomy with bladder repair
2. Select the Indication from the drop down of various indications provided under this head:

Atonic post partum hemorrhage
Traumatic PPH: Rupture uterus/extensive cervical or vaginal lacerations with broad ligament hematoma/ruptured corneal ectopic pregnancy.
Morbidly adherent placenta
Puerperal sepsis
Complete placenta previa

3. Is the morbidly adherent placenta diagnosed in the ante partum period by doing an USG/MRI : Yes/No (Upload Report)
4. If the answer to question 3 is yes, then the patient is to be posted for an elective LSCS at or beyond 37 weeks with preoperative intervention radiology reference taken for uterine artery embolization. Is the bleeding controlled by the above mentioned methods: Yes/No
5. If answer to question 3 is No, and if it is diagnosed intrapartum, post delivery or during LSCS, leave placenta in-situ and give uterotonic agents to control bleeding? Is the bleeding controlled by these methods: Yes/No

For eligibility for Caesarean Hysterectomy with bladder repair the answer to question 4 OR 5 should be No

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NAME OF THE HOSPITAL: _____

4. Caesarean hysterectomy with bladder repair: Puerperal Sepsis: S4C1.1

1. Name of the Procedure: Caesarean hysterectomy with bladder repair
2. Select the Indication from the drop down of various indications provided under this head:

Atonic post partum hemorrhage
Traumatic PPH: Rupture uterus/extensive cervical or vaginal lacerations with broad ligament hematoma/ruptured corneal ectopic pregnancy.
Morbidly adherent placenta
Puerperal sepsis
Complete placenta previa

3. Is the puerperal sepsis diagnosed by relevant clinical symptoms and signs: Yes/No
4. If the answer to question 3 is yes, then has conservative treatment in form of general care and parenteral broad spectrum antibiotics given and is the patient responding: Yes/No
5. If the answer to question 4 is No is there evidence of multiple abscesses, gangrenous uterus or gas gangrene infection on USG/MRI: Yes/No (Upload USG/MRI report)

For eligibility for Caesarean hysterectomy with bladder repair in a case of Puerperal sepsis the answer to question 5 must be Yes

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NAME OF THE HOSPITAL: _____

5. Caesarean hysterectomy with bladder repair: Complete placenta previa: S4C1.1

1. Name of the Procedure: Caesarean hysterectomy with bladder repair
2. Select the Indication from the drop down of various indications provided under this head:

Atonic post partum hemorrhage
Traumatic PPH: Rupture uterus/extensive cervical or vaginal lacerations with broad ligament hematoma/ruptured corneal ectopic pregnancy.
Morbidly adherent placenta
Puerperal sepsis
Complete placenta previa

3. Is the complete placenta previa diagnosed in the ante partum period by doing a USG pelvis: Yes/No(Upload USG report)
4. If the answer to question 3 is yes, then the patient is to be posted for an elective LSCS at or beyond 37 weeks with preoperative intervention radiology reference taken for uterine artery embolisation. Is the bleeding controlled by the above mentioned methods: Yes/No
5. If answer to question 3 is No, and if it is diagnosed intrapartum with severe bleeding p/v or incidental finding during LSCS, give uterotonic agents or bimanual uterine massage to control bleeding during LSCS. Is the bleeding controlled by these methods: Yes/No

For eligibility for Caesarean Hysterectomy with bladder repair the answer to question 4 OR 5 should be No

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