

NAME OF THE HOSPITAL: _____

18. Laproscopic Recanalization: S4C2.14

1. Name of the Procedure: Laparoscopic Recanalization
2. Indication: Reversal of tubal sterilization for want of child/ Mild tubal block due to various pathology (e.g. endometriosis, past pelvic surgery, Pelvic inflammatory disease)/ Tubal occlusion secondary to ectopic pregnancy treatment/ Salpingitis isthamica nodosa
3. Does the patient desire further pregnancy: Yes/No
4. Does the patient have history of previous tubal ligation done: Yes/No (Upload previous operative notes/ TL certificate/ HSG showing bilateral tubal block)
5. Is the answer to question 4 is No is there evidence of:
 - a. Mid tubal block due to various pathology (eg: endometriosis, past pelvic surgery, pelvic inflammatory disease): Yes/No (Upload USG report)
 - b. Tubal occlusion secondary to ectopic pregnancy treatment: Yes/No (Upload previous operative notes)
 - c. Salpingitis isthamica nodosa: Yes/No (Upload HSG report)
6. If the answer to question 4 is Yes OR question (5a OR 5b OR 5c) is Yes is there evidence of
 - a. Genital Tuberculosis: Yes/No
 - b. Sclerotic tubes or dense adhesions: Yes/No
 - c. Bilateral Fimbriectomy done: Yes/No

For Eligibility for Laproscopic Recanalization procedure the answer to questions 6a, 6b AND 6c should be No

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

Treating Doctor Signature with Stamp
