

NAME OF THE HOSPITAL: _____

19. Laproscopic Sling Operation: S4C2.15

1. Name of the Procedure: Laparoscopic Sling Operation
2. Indication: Pelvic organ prolapse in patients desiring future pregnancy/ previous operation for Prolapsed failed
3. Does the patient desire further pregnancy: Yes/No
4. If the answer to question 3 is Yes is there evidence of:
 - a. Pelvic Organ Prolapse: Yes/No (Upload USG and PAP smear report)
 - b. Failed Cervicopexy: Yes/No (Upload previous operative notes, USG and PAP smear report)
5. Is the answer to either question 4a OR 4b is Yes is there evidence of:
 - a. Pregnancy: Yes/No
 - b. Less than 6 weeks post delivery or post abortion: Yes/No
 - c. Suspected lower genital tract malignancy: Yes/No
 - d. Short sigmoid mesocolon: Yes/No

For Eligibility for Laproscopic Sling Operation the answer to questions 5a, 5b, 5c AND 5d should be No

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

Treating Doctor Signature with Stamp
