

NAME OF THE HOSPITAL: \_\_\_\_\_

20. Laproscopic Adhesiolysis: S4C2.16

1. Name of the Procedure: Laparoscopic Adhesiolysis
2. Indication: Chronic pelvic pain/ Infertility/ Endometriosis/ Intestinal obstruction/ Pelvic Inflammatory disease
3. Does the patient have symptoms suggestive of Chronic pelvic pain OR endometriosis with adhesions which are unresolved after medical line of management such as NSAID's, Neurolytic agents and hormonal agents (eg: GnRh analogues, OC pills, progesterone, danazol): Yes/No(Upload USG report and attach prescription of previous treatment)
4. Does the patient presented with infertility due to adhesions wherein other causes of infertility have been ruled out: Yes/No (Upload USG/HSG report)
5. Does the patient presented with Pelvic Inflammatory disease with adhesions and medical line of Management i.e antibiotics and NSAIDS being prescribed: Yes/No (Upload USG report and Attach prescription of previous treatment)
6. If the answer to either question 3 OR 4 OR 5 is Yes is there evidence of
  - a. Peritonitis: Yes/No
  - b. Massive abdominal distension: Yes/No
  - c. Severe co-morbid factors affecting heart and lung: Yes/No
  - d. Hemodynamic instability: Yes/No

For Eligibility for Laproscopic Adhesiolysis the answers to questions 6a, 6b, 6c AND 6d should 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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