

NAME OF THE HOSPITAL: _____

21. Vaginal Hysterectomy: S4C2.17

1. Name of the Procedure: Vaginal Hysterectomy
2. Indication: Abnormal uterine bleeding/ Uterine leiomyomata/ Pelvic organ prolapse/ Pelvic pain or infection (e.g. endometriosis, adenomyosis, pelvic inflammatory diseases)/ Malignant and premalignant disease
3. Does the patient presented with abnormal uterine bleeding not responding to medical line of Management (e.g. tranexemic acid, mefenemic acid, hormonal treatment – OC pills, progesterone’s, etc) AND Dilation and Curettage: Yes/No (Attach prescription AND D & C report)
4. Does the patient presented with uterine leiomyomata documented on USG/ CT: Yes/No (Upload USG/ CT report)
5. Does the patient presented with Pelvic organ prolapse: Yes/No (Upload USG and PAP smear Report)
6. Does the patient presented with Pelvic pain or infection (e.g. Endometriosis, Adenomyosis, Pelvic inflammatory diseases) not responded to medical line of management such as antibiotics, NSAID’s, Neurolytic agents, and hormonal management (e.g. GnRh analogues, oc pills, progesterone, danazol) and other causes of pain ruled out: Yes/No (Upload USG, Attach Prescription)
7. Does the patient has evidence of malignant and pre-malignant disease and invasive cancer ruled out by doing examination under anesthesia, cystoscopy, x-ray, CT scan/ MRI been done: Yes/No (Upload reports)
8. If the answer to either question 3 OR 4 OR 5 OR 6 OR 7 is Yes is there evidence of
 - a. Ovarian tumour: Yes/No
 - b. Possible other intra abdominal disease: Yes/No

For Eligibility for Vaginal Hysterectomy the answers to questions 8a AND 8b should be No

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

Treating Doctor Signature with Stamp
