

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

22. Vaginal Hysterectomy with pelvic floor repair: S4C2.2

1. Name of the Procedure: Vaginal Hysterectomy with pelvic floor repair
2. Indication: Pelvic organ prolapse/ Prolapse of uterus with or without cystocele, rectocele and enterocele
3. Does the patient presented with prolapse uterus with or without associated bladder and bowel complaints: Yes/No
4. If the answer to question 3 is Yes is there evidence of Pelvic organ prolapse/ Prolapse of uterus with or without cystocele, rectocele and enterocele documented through clinical examination and USG: Yes/No (Upload USG report)
5. If the answer to question 4 is Yes is there evidence of malignancy confirmed through PAP smear and endometrial sampling histopathology: Yes/No (Upload PAP smear and endometrial sampling histopathology report)
6. If the answer to question 5 is No is there evidence of
  - a. Pregnancy: Yes/No
  - b. Advanced cancers: Yes/No
  - c. Ovarian tumours: Yes/No
  - d. Possible other intra-abdominal disease: Yes/No

For Eligibility for Vaginal Hysterectomy with pelvic floor repair 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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