

NAME OF THE HOSPITAL: _____

27. Slings with Mesh Repair For Prolapse: S4C2.7

1. Name of the Procedure: Slings with Mesh Repair For Prolapse
2. Indication: Utero vaginal descent and desirous of further pregnancy/ Utero vaginal descent and wants to retain her uterus
3. Does the patient presented with complains of Utero vaginal descent and desirous of further Pregnancy or wants to retain her uterus: Yes/No
4. If the answer to question 3 is Yes is there evidence of
 - a. Anterior or posterior compartment defect (cystocele, rectocele): Yes/No
 - b. Stress Urinary Incontinence: Yes/No
5. If the answer to either question 4a OR 4b is Yes is there evidence of previous failed surgery i.e. Abdominal sling surgery/ failed physiotherapy intervention for the same indication: Yes/No (Upload previous operative notes)
6. If the answer to question 5 is Yes whether USG and PAP smear has been done: Yes/No (Upload USG and PAP smear report)

For Eligibility for Slings with Mesh Repair For Prolapse the answer to question 6 should be Yes

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

Treating Doctor Signature with Stamp
