

NAME OF THE HOSPITAL: _____

29. Vault Prolapse Abdominal Repair with Mesh: S4C2.9

1. Name of the Procedure: Vault Prolapse Abdominal Repair with Mesh
2. Indication: Vault prolapse with or without Cystocele, Rectocele, Vaginal Laxity/
Difficulty in passing urine and stools/ Stress urinary incontinence
3. Does the patient presented with history of previous hysterectomy with complains related to vault prolapse with or without Difficulty in passing urine and stools/ Stress urinary incontinence: Yes/No (Attach previous operative notes)
4. If the answer to question 3 is Yes is there evidence of
 - a. Apical defect (apical descent): Yes/No
 - b. Anterior or posterior compartment defect (cystocele, rectocele): Yes/No
 - c. Stress Urinary Incontinence: Yes/No
5. If the answer to either question 4a OR 4b OR 4c is Yes is there evidence of previous failed Surgery i.e. Vault prolapse abdominal repair 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 Vault Prolapse Abdominal Repair with Mesh 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
