

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

PATIENT NAME: \_\_\_\_\_

38). Anderson Hynes Pyeloplasty: PUJ obstruction due to congenital or iatrogenic causes  
(S9H10.2)

1. Name of the Procedure: Anderson Hynes Pyeloplasty
2. Indication: PUJ obstruction due to congenital or iatrogenic causes
3. Does the patient have evidence of Pain/Fever/Impending renal failure : Yes/No
4. If the answer to question 3 is Yes, then is there evidence of
  - a. USG KUB showing evidence of hydronephrotic changes secondary to PUJ obstruction: Yes/No (Upload USG film)
  - b. IVP/CT Scan demonstrating hydronephrotic changes secondary to PUJ obstruction provided Sr. reatinine is normal: Yes/No (Upload IVP film)
  - c. DTPA scan showing evidence of functioning kidney and PUJ Obstruction: Yes/No (Upload DTPA Scan film)
5. If the answer to questions 4a AND 4b AND 4c is Yes is their evidence of
  - a. Very small intrarenal pelvis: Yes/No
  - b. Long segment ureteric narrowing: Yes/No

For eligibility for Anderson Hynes Pyeloplasty, the answer to questions 5a & 5b 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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