

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

12). OPEN PYELOLITHOTOMY: Removal of stone, > 2cm large in size (S9H3.1)

1. Name of the Procedure: OPEN PYELOLITHOTOMY

2. Indication: Removal of pelvic stone, > 2cm large in size

3. Does the patient have

a. Pain/fever/ hematuria: Yes/No

OR

b. Incidental diagnosis of stone on X-ray for backache: Yes/No

4. If the answer to either question 3a OR 3b is Yes then is there evidence of

a. Stone demonstrated on IVP provided Sr.Creatinine is normal: Yes/No (Upload IVP film)

OR

b. Stone demonstrated on CT Scan Abdomen & Pelvis pre/post contrast provided Sr.Creatinine is normal: Yes/No (Upload CT-Scan film)
(If Serum Creatinine is raised proceed for X-Ray KUB OR Plain CT scan)

5. If the answer to question 4a OR 4b is Yes is there evidence of

a. Calyceal stone on IVP/CT: Yes/No

If Yes- no permission should be given for OPEN PLYELOLITHOTOMY surgery

b. Non- functioning on IVP/CT: Yes/No

If Yes no permission should be given for surgery, proceed for DTPA/PCN to see for renal function. (if PCN is inserted: monitor output if output >500ml proceed for pyelolithotomy, if output less than 100ml no permission for pyelolithotomy proceed for nephrectomy / DTPA shows more than 22% function: proceed for open pyelolithotomy & if DTPA shows 0-10% function: proceed for nephrectomy)

c. Facility for PCNL available: Yes/No

For eligibility for Open Pyelolithotomy, the answer to all questions 5a AND 5b AND 5c must be No.

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

Treating Doctor Signature with Stamp
