

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

13). OPEN NEPHROLITHOTOMY: Removal of larger stones & staghorn calculi (S9H3.2)

1. Name of the Procedure: OPEN NEPHROLITHOTOMY
2. Indication: Removal of larger stones & staghorn calculi
3. Does the patient have
 - a. Pain/fever/ hematuria/CRF: Yes/No
 - OR
 - b. Incidental diagnosis of stone: 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 then CT Plain/USG KUB to find out the problem in opposite kidney)
 - c. EC Scan to document renal function: Yes/No (Optional)
5. If the answer to question (4a OR 4b) AND/OR 4c is Yes is there evidence of
 - a. Smaller stone that can be approached by PCNL: Yes/No
 - b. If non-functioning on EC scan: Yes/No

For eligibility for Open Nephrolithotomy, the answer to questions 5a AND/OR 5b must be No.

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

Treating Doctor Signature with Stamp
