

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

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

14). OPEN CYSTOLITHOTOMY: Removal of large bladder stone (S9H3.3)

1. Name of the Procedure: OPEN CYSTOLITHOTOMY

2. Indication: Removal of large bladder stone

3. Does the patient have evidence of

a. Pain/ hematuria/ difficulty in passing urine/ retention of urine: Yes/No

OR

b. Incidental finding of Bladder Stone: Yes/No

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

a. Stone demonstrated on X-Ray KUB: Yes/No (Upload X-Ray film)

OR

b. Stone demonstrated on USG KUB: Yes/No (Upload USG film)

c. Calibration of urethra normal by 14 F Foley's: Yes/No

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

a. Small stone that can be approached endoscopically: Yes/No

b. BPH with small bladder stone where simultaneous TURP is being done: Yes/No

For eligibility for Open Cystolithotomy, the answer to both questions 5a AND 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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