NAME OF THE HOSPITAL:
PATIENT NAME:
29). Urethroplasty for Stricture Urethra Double Stage Stage-1: BXO/ dense stricture not
permitting 8fr catheter/ scope to enter its lumen: (S9H5.2)-A
1. Name of the Procedure: Urethroplasty for Stricture Urethra Double Stage Stage-1
2. Select the Indication from the drop down of various indications provided under this
head:
BXO/ dense stricture not permitting 8fr catheter/ scope to enter its lumen Presence of multiple fistula with stricture
3. Does the patient have evidence of
a. Poor urine stream: Yes/No
AND/OR
b. History of recurrent infection: Yes/No
4. If the answer to questions 3a AND/OR 3b is Yes then is there evidence of BXO/dense stricture on MCU/RGU: Yes/No (Upload MCU/RGU film) (Optional Investigations USG abdomen and pelvis, Urine flow rate)
5. If the answer to question 4 is Yes is there evidence of
a. Soft short stricture: Yes/No
b. Stricture in posterior urethra: Yes/No
c. Female patient: Yes/No
For eligibility for Urethroplasty for Stricture Urethra Double Stage Stage-1, the answers to questions 5a, 5b & 5c should be No.
I hereby declare that the above furnished information is true to the best of my knowledge.
Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL:
PATIENT NAME:
30). Urethroplasty for Stricture Urethra Double Stage Stage-1: Presence of multiple fistula with stricture: (S9H5.2)-B
1. Name of the Procedure: Urethroplasty for Stricture Urethra Double Stage Stage-1
Select the Indication from the drop down of various indications provided under this head: BXO/ dense stricture not permitting 8fr catheter/ scope to enter its lumen Presence of multiple fistula with stricture
3. Does the patient have evidence ofa. Poor urine stream: Yes/Nob. History of recurrent infection: Yes/Noc. Urine leak: Yes/No
4. If the answer to questions 3a AND 3b AND 3c is Yes then is there evidence of a. Multiple fistula with stricture on MCU/RGU: Yes/No
b. clinical photograph demonstrating fistula: Yes/No (Upload clinical photograph)(Optional Investigations USG abdomen and pelvis)
5. If the answer to questions 4a AND 4b is Yes is there evidence of a. Soft short stricture: Yes/No
b. Stricture in posterior urethra: Yes/No
c. Female patient: Yes/No
For eligibility for Urethroplasty for Stricture Urethra Double Stage Stage-1, the answers to questions 5a, 5b & 5c should be No.
I hereby declare that the above furnished information is true to the best of my knowledge.
Treating Doctor Signature with Stamp