

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

75). Closure of Urethral Fistula: Post traumatic/post surgical fistula (S9H8.3)

1. Name of the Procedure: Closure of Urethral Fistula
2. Indication: Post traumatic/post surgical fistula
3. Does the patient have evidence of Urine leak/ Infection/ Difficulty in passing urine:
Yes/No
4. If the answer to question 3 is Yes, then is there evidence of
 - a. Urethral fistula demonstrated on MCU+RGU: Yes/No (Upload MCU+RGU film)
 - b. USG KUB Done: Yes/No (Upload USG film)
(Biopsy of fistula in specific cases, UFR as an optional investigation)
5. If the answer to questions 4a AND 4b is Yes is there evidence of
 - a. Infection: Yes/No
 - b. Distal Obstruction: Yes/No

For eligibility for Closure of Urethral fistula, 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
