

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

76). Optical Urethrotomy: Small short stricture less than 1 cm (S9H8.4)

1. Name of the Procedure: Optical Urethrotomy
2. Indication: Small short stricture less than 1 cm
3. Does the patient have evidence of poor urine stream/Infection: Yes/No
4. If the answer to question 3 is Yes, then is there evidence of Small short stricture demonstrated on MCU+RGU: Yes/No (Upload MCU+RGU film)

(Optional investigations: USG Abdomen and pelvis & UFR)
5. If the answer to question 4 is Yes is there evidence of
 - a. Long Stricture: Yes/No
 - b. Presence of fistula: Yes/No
 - c. Complete dense Stricture: Yes/No
 - d. Presence of diverticulum, infection: Yes/No
 - e. H/O previous VIU more than 2-3 times: Yes/No

For eligibility for Optical Urethrotomy, the answer to questions 5a, 5b, 5c, 5d & 5e should be No.

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

Treating Doctor Signature with Stamp
