

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

77). Perineal Urethrostomy: Retention with distal urethral stricture (S9H8.5)-A

1. Name of the Procedure: Perineal Urethrostomy
2. Select the Indication from the drop down of various indications provided under this head:

Retention with distal urethral stricture (elderly patients)
Ca bladder with distal urethral stricture with AUR
Completely scarred penile & distal bulbar urethra

3. Does the patient have evidence of difficulty in passing urine/ pain/ infection: Yes/No
4. If the answer to question 3 is Yes, then is there evidence of
 - a. MCU+RGU demonstrating distal urethral stricture: Yes/No (Upload MCU+RGU film)
 - b. USG KUB: Yes/No (Upload USG film)
5. If the answer to questions 4a AND 4b is Yes is there evidence of
 - a. Perineal Infection: Yes/No
 - b. Stricture in posterior urethra: Yes/No

For eligibility for Perineal Urethrostomy, 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

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

78). Perineal Urethrostomy: Ca bladder with distal urethral stricture with AUR (S9H8.5)-B

1. Name of the Procedure: Perineal Urethrostomy
2. Select the Indication from the drop down of various indications provided under this head:

Retention with distal urethral stricture (elderly patients)
Ca bladder with distal urethral stricture with AUR
Completely scarred penile & distal bulbar urethra

3. Does the patient have evidence of painful retention/ hematuria: Yes/No
4. If the answer to question 3 is Yes, then is there evidence of
 - a. MCU+RGU demonstrating distal urethral stricture: Yes/No (Upload MCU+RGU film)
 - b. USG abdomen and pelvis showing evidence of bladder growth: Yes/No (Upload USG film)
 - c. CECT abdomen+pelvis showing evidence of Bladder growth: Yes/No (Upload CT film)
 - d. X-Ray chest done: Yes/No (Upload X-RAY film)
5. If the answer to questions 4a AND 4b AND 4c AND 4d is Yes is there evidence of
 - a. Perineal Infection: Yes/No
 - b. Stricture in Posterior urethra: Yes/No
 - c. Ca Bladder with metastasis or very moribund patient: Yes/No
(If yes do not proceed for surgery)

For eligibility for Perineal Urethrostomy, the answer to questions 5a & 5b & 5c should be No.

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

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NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

79). Perineal Urethrostomy: Completely scarred penile & distal bulbar urethra (S9H8.5)-C

1. Name of the Procedure: Perineal Urethrostomy

2. Select the Indication from the drop down of various indications provided under this head:

Retention with distal urethral stricture (elderly patients)
Ca bladder with distal urethral stricture with AUR
Completely scarred penile & distal bulbar urethra

3. Does the patient have evidence of difficulty in passing urine/ pain/ infection: Yes/No

4. If the answer to question 3 is Yes, then is there evidence of

a. MCU+RGU demonstrating completely scarred penile & distal bulbar urethra: Yes/No (Upload MCU+RGU film)

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

5. If the answer to questions 4a AND 4b is Yes is there evidence of

a. Perineal Infection: Yes/No

b. Stricture in posterior urethra: Yes/No

For eligibility for Perineal Urethrostomy, 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.

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