

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

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

80). Ureteric Reimplantation: Vesico - Ureteric Reflux (S9H8.6)-A

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

Vesico-Ureteric Reflux
Lower ureteric stricture

3. Does the patient have evidence of pain/ infection/ impending renal failure: Yes/No
4. If the answer to question 3 is Yes, then is there evidence of
  - a. Vesico-ureteric reflux on MCU: Yes/No (Upload biopsy report)
  - b. USG abdomen and pelvis showing dilatation of pelvi-calyceal system: Yes/No (Upload USG film)
  - c. DTPA showing presence of renal scarring: Yes/No (Upload DTPA report)-Optional (Optional investigation: UDS)
5. If the answer to questions 4a AND 4b is Yes is there evidence of
  - a. Unstable and small capacity bladder: Yes/No
  - b. Poor general condition of patient: Yes/No

For eligibility for Ureteric Reimplantation, 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

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

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

81). Ureteric Reimplantation: Lower ureteric stricture (S9H8.6)-B

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

Vesico-Ureteric Reflux
Lower ureteric stricture

3. Does the patient have evidence of pain/ fever/ impending renal failure: Yes/No
4. If the answer to question 3 is Yes, then is there evidence of
  - a. Lower ureteric stricture demonstrated on IVP/CT Scan Plain+contrast provided Sr Creat is normal: Yes/No (Upload IVP/CT film)
  - b. USG abdomen and pelvis showing dilatation of pelvi-calyceal system: Yes/No (Upload USG film)(Optional investigation: Urine AFB, UDS)

5. If the answer to questions 4a AND 4b is Yes is there evidence of
  - a. Unstable and small capacity bladder: Yes/No
  - b. Poor general condition of patient: Yes/No

For eligibility for Ureteric Reimplantation, 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

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