

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

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

82). Ileal Conduit Formation: Small contracted bladder with contraindication to bladder augmentation (S9H8.7)-A

1. Name of the Procedure: Ileal Conduit Formation
2. Select the Indication from the drop down of various indications provided under this head:

Small contracted bladder with contraindication to bladder augmentation
Ca bladder high grade undergoing cystectomy

3. Does the patient have evidence of frequency/ pain/ dysuria/ hematuria: Yes/No
4. If the answer to question 3 is Yes, then is there evidence of
  - a. USG documenting small contracted bladder: Yes/No (Upload USG film)
  - b. MCU demonstrating small contracted bladder: Yes/No (Upload MCU film)
  - c. Chest X-Ray done: Yes/No (Upload Chest X-Ray film)
  - d. CT Scan ABDOMEN+PELVIS -- Optional
5. If the answer to questions 4a AND 4b AND 4c is Yes is there evidence of
  - a. Intestinal pathology such as TB and Cronhs disease: Yes/No
  - b. Poor general condition of patient: Yes/No
  - c. Distant metastasis: Yes/No

For eligibility for Ileal Conduit Formation, 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.

Treating Doctor Signature with Stamp

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

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

83). Ileal Conduit Formation: Ca bladder high grade undergoing cystectomy (S9H8.7)-B

1. Name of the Procedure: Ileal Conduit Formation
2. Select the Indication from the drop down of various indications provided under this head:

Small contracted bladder with contraindication to bladder augmentation
Ca bladder high grade undergoing cystectomy

3. Does the patient have evidence of hematuria/ weight loss/ dysuria: Yes/No
4. If the answer to question 3 is Yes, then is there evidence of
  - a. Biopsy proven malignancy: Yes/No (Upload Biopsy Report)
  - b. CT Scan abdomen + pelvis demonstrating bladder growth: Yes/No (Upload CT Scan film)
  - c. LFT & X-Ray not showing evidence of metastasis: Yes/No (Upload LFT & X-Ray chest report)  
(Optional Investigation: Bone Scan)
5. If the answer to questions 4a AND 4b AND 4c is Yes is there evidence of
  - a. Intestinal pathology such as TB and Cronhs disease: Yes/No
  - b. Poor general condition of patient: Yes/No
  - c. Distant metastasis: Yes/No

For eligibility for Ileal Conduit Formation, 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.

Treating Doctor Signature with Stamp

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