

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

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

95). Total Cystectomy: Tuberculosis of bladder (Thimble bladder) (S9H9.4)-A

1. Name of the Procedure: Total Cystectomy

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

Tuberculosis of Bladder (Thimble bladder)
Exostrophy with metaplasia
Carcinoma Bladder

3. Does the patient have evidence of frequency/ urgency/ dysuria/ pain: Yes/No

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

a. MCU demonstrating reduced bladder capacity less than 100ml: Yes/No (Upload MCU film)

b. Urine AFB done: Yes/No (Upload Urine AFB report)

c. CECT abdomen+pelvis and or IVP: Yes/No (Upload CT/IVP film)

d. X-Ray Chest done: Yes/No (Upload X-Ray film)  
(Patient should have completed 4 -6 weeks of AKT prior to surgery)

5. If the answer to questions 4a AND 4b AND 4c AND 4d is Yes is there evidence of Active tuberculosis: Yes/No

For eligibility for Total Cystectomy, the answer to questions 5 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: \_\_\_\_\_

96). Total Cystectomy: Exostrophy with metaplasia (S9H9.4)-B

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

Tuberculosis of Bladder (Thimble bladder)
Exostrophy with metaplasia
Carcinoma Bladder

3. Does the patient have evidence of frequency/ urgency/ dysuria/ pain: Yes/No
4. If the answer to question 3 is Yes, then is there evidence of
  - a. USG KUB: Yes/No (Upload USG film)
  - b. Bladder plate biopsy done: Yes/No (Upload Biopsy report)
  - c. Exostrophy demonstrated on clinical photograph: Yes/No (Upload Clinical Photograph)  
(Optional Investigation: CECT)
5. If the answer to questions 4a AND 4b AND 4c is Yes is there evidence of general contraindications for surgery: Yes/No

For eligibility for Total Cystectomy, the answer to questions 5 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: \_\_\_\_\_

97). Total Cystectomy: Carcinoma Bladder (S9H9.4)-C

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

Tuberculosis of Bladder (Thimble bladder)
Exostrophy with metaplasia
Carcinoma Bladder

3. Does the patient have evidence of Hematuria/ passing of tissue bits/ dysuria/ loss of weight: Yes/No
4. If the answer to question 3 is Yes, then is there evidence of
  - a. TUR Biopsy confirming carcinoma bladder: Yes/No (Upload TUR biopsy report)
  - b. CECT abdomen+pelvis showing evidence of bladder growth: Yes/No (Upload X-Ray Chest film)
  - c. Urine cytology done: Yes/No (Upload urine cytology report)
  - d. X-Ray chest not suggestive of metastasis: Yes/No (Upload X-Ray film)
  - e. USG KUB done: Yes/No (Upload USG film)-Optional
5. If the answer to questions 4a AND 4b AND 4c AND 4d is Yes is there evidence of
  - a. Benign Pathology: Yes/No
  - b. Small bladder growth: Yes/No
  - c. Amenable to TURBT: Yes/No

For eligibility for Total Cystectomy, the answer to questions 5a AND 5b AND 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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