

NAME OF THE HOSPITAL: _____

1). Surgery For Bleeding Ulcers: S6E1.1

1. Name of the Procedure: Surgery For Bleeding Ulcers
2. Indication: Bleeding Duodenal/ Gastric/ Esophageal Ulcer
3. Does the patient presented with hematemesis/ malena/ hematochazia or shock: Yes/No
4. If the answer to question 3 is Yes then is there evidence of ulcer on upper G.I endoscopy/ any other investigation confirming bleeding: Yes/No (Upload reports)

For Eligibility for Surgery For Bleeding Ulcers the answer to question 4 must be Yes

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: _____

2). Surgery For Obscure GI Bleed: S6E1.2

1. Name of the Procedure: Surgery For Obscure GI Bleed
2. Indication: Obscure GI Bleed
3. Does the patient presented with malena, bleeding per rectum or anaemia with stool for occult blood positive: Yes/No
4. If the answer to question 3 is Yes then is there evidence of bleed on G.I endoscopy/ any other investigation confirming bleeding: Yes/No (Upload reports)

For Eligibility for Surgery For Obscure GI Bleed the answer to question 4 must be Yes

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: _____

3). Diaphragmatic Hernia (Gortex Mesh Repair): S6E1.3

1. Name of the Procedure: Diaphragmatic Hernia (Gortex Mesh Repair)
2. Indication: Dyspnea on exertion/ Chest Infection/ Chest discomfort/ Incidental detection on imaging
3. Does the patient presented with dyspnea on exertion, chest discomfort/ decreased air entry, abdominal complaints/ asymptomatic: Yes/No
4. If the answer to question 3 is Yes then is there evidence of hernia on Chest X ray/ USG/ Endoscopy/ BA Study/ CECT Abdomen & Thorax: Yes/No (Upload reports)

For Eligibility for Diaphragmatic Hernia the answer to question 4 must be Yes

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: _____

4). GB+ Calculi CBD Stones Or Dilated CBD: S6E11.1

1. Name of the Procedure: GB+ Calculi CBD Stones Or Dilated CBD
2. Indication: Calculus Cholecystitis/ Cholangitis/ Gall Stone Pancreatitis/ Obstructive Jaundice/ Dilated CBD/ CBD stones
3. Does the patient presented with pain in upper abdomen, vomiting, fever/ jaundice: Yes/No
4. If the answer to question 3 is Yes then is there evidence of calculi/ dilated CBD on USG/ CT/ MRI/ ERCP/ endoscopic ultrasound: Yes/No (Upload reports)

For Eligibility for GB+ Calculi CBD Stones Or Dilated CBD the answer to question 4 must be Yes

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: _____

5). Hepatico Jejunostomy: S6E11.2

1. Name of the Procedure: Hepatico Jejunostomy
2. Indication: Any condition requiring restoration of biliary continuity/ Choledochal Cyst/ Mirrizi Syndrome/ Large bile duct calculi with distal CBD stricture not retrievable by ERCP/ Following bile duct stricture or injury or malignancy
3. Does the patient presented with biliary colic/ cholangitis/ obstructive jaundice/ bile leak, biliary peritonitis, biliary stricture: Yes/No
4. If the answer to question 3 is Yes then is there evidence of calculi/ stricture/ bile duct injury on USG/ CT/ MRI/ EUS/ ERCP/ PTBD, Liver function tests: Yes/No (Upload reports)

For Eligibility for Hepatico Jejunostomy the answer to question 4 must be Yes

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: _____

6). Choledochoduodenostomy Or Choledocho Jejunostomy: S6E11.3

1. Name of the Procedure: Choledochoduodenostomy Or Choledocho Jejunostomy
2. Indication: Any condition requiring biliary continuity/ Large bile duct calculi not retrievable by ERCP/ Following bile duct stricture or injury
3. Does the patient presented with cholangitis/ obstructive jaundice/ biliary colic: Yes/No
4. If the answer to question 3 is Yes then is there evidence of Bile duct Dilatation with distal narrowing/calculi on USG/ CT/ MRI/ EUS/ ERCP, Liver function tests: Yes/No (Upload reports)

For Eligibility for Choledochoduodenostomy Or Choledocho Jejunostomy the answer to question 4 must be Yes

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: _____

7). Splenectomy: S6E12.1

1. Name of the Procedure: Splenectomy

2. Indications:

Idiopathic thrombocytopenic purpura/ RBC membrane defects/ RBC enzyme defects/ Thallesemia/ Other haemolytic anaemias or thrombocytopenias/ Splenomegaly with hypersplenism/ Pyrexia of unknown origin/ Granulomatos disease/ Lymphoma, Non Hodgkins Lymphoma/ Splenic trauma

Traumatic splenic injury with hemoperitoneum
--

3. Does the patient presented with anaemia, abdominal lump, mucosa bleeding, menorrhagia, fever: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done - USG/ CT Abdomen/ Peripheral smear/ Bone Marrow study/ USG Doppler/ Liver Biopsy/ UGI Endoscopy: Yes/No (Upload reports)

For Eligibility for Splenectomy the answer to question 4 must be Yes

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: _____

8). Splenectomy: S6E12.1

1. Name of the Procedure: Splenectomy

2. Indications:

Idiopathic thrombocytopenic purpura/ RBC membrane defects/ RBC enzyme defects/ Thallesemia/ Other haemolytic anaemias or thrombocytopenias/ Splenomegaly with hypersplenism/ Pyrexia of unknown origin/ Granulomatos disease/ Lymphoma, Non Hodgkins Lymphoma/ Splenic trauma

Traumatic splenic injury with hemoperitoneum
--

3. Does the patient presented with abdominal trauma followed by pain, distension/shock:
Yes/No

4. If the answer to question 3 is Yes then are the following tests being done - USG/ CT:
Yes/No (Upload reports)

For Eligibility for Splenectomy the answer to question 4 must be Yes

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: _____

9). Splenectomy + Devascularisation + Spleno Renal Shunt: S6E12.2

1. Name of the Procedure: Splenectomy + Devascularisation + Spleno Renal Shunt
2. Indication: Portal hypertension causing variceal bleed/ Symptomatic hypersplenism/ splenomegaly/ Growth retardation/ Portal biliopathy
3. Does the patient presented with hematemesis, malena, early satiety, splenomegaly, growth retardation, menorrhagia, bleeding gums, epistaxis, purpura, ecchymoses, obstructive Jaundice, biliary colic, cholangitis: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - USG/ CT/ UGI Endoscopy/ CBC, LFT, MRCP: Yes/No (Upload reports)

For Eligibility for Splenectomy + Devascularisation + Spleno Renal Shunt the answer to question 4 must be Yes

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: _____

10). Splenectomy For Space Occupying Lesion: S6E12.3

1. Name of the Procedure: Splenectomy For Space Occupying Lesion
2. Indication: Splenic tumour/cyst/abscess
3. Does the patient presented with abdominal pain, abdominal lump, fever: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - USG/ CT:
Yes/No (Upload reports)

For Eligibility for Splenectomy For Space Occupying Lesion the answer to question 4 must be Yes

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: _____

11). Cysto Jejunostomy: S6E14.1

1. Name of the Procedure: Cysto Jejunostomy
2. Indication: Pancreatic pseudocyst/ Walled off pancreatic necrosis
3. Does the patient presented with abdominal pain, abdominal lump, fever, vomiting, jaundice: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - USG/ CT/ MRI/ ERCP/ EUS: Yes/No (Upload reports)

For Eligibility for Cysto Jejunostomy the answer to question 4 must be Yes

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: _____

12). Cysto Gastrostomy: S6E14.2

1. Name of the Procedure: Cysto Gastrostomy
2. Indication: Pancreatic pseudocyst/ Walled off pancreatic necrosis
3. Does the patient presented with abdominal pain/ abdominal lump/ fever/ vomiting/ jaundice: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - USG/ CT/ MRCP/ ERCP/ EUS: Yes/No (Upload reports)

For Eligibility for Cysto Gastrostomy the answer to question 4 must be Yes

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: _____

13). Rt Hepatectomy: S6E2.1/ Lt Hepatectomy: S6E2.2

1. Name of the Procedure: Rt Hepatectomy/ Lt Hepatectomy

2. Indications:

Liver tumour: Benign (Hemangioma, Adenoma, FNH, other)/ Malignant (Primary Malignancy/ Secondary Metastases)
Liver Cyst: Congenital, Biliary Cyst (Adenoma, Carcinoma), Hydatid cyst
Bile Duct tumour, Gall Bladder Cancer, Hepatolithiasis, Recurrent Pyogenic Cholangitis

3. Does the patient presented with abdominal pain/ bleeding/ rupture/ lump in abdomen/ loss of appetite/ Incidentally detected: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done - CBC, LFT, PT & INR, USG/ CT/ MRI Abdomen/ AFP/ CEA/ CA 19-9/ Serum Chromogranin A/ Biopsy: Yes/No (Upload reports)

For Eligibility for any of the above package the answer to question 4 must be Yes

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: _____

14). Rt Hepatectomy: S6E2.1/ Lt Hepatectomy: S6E2.2

1. Name of the Procedure: Rt Hepatectomy/ Lt Hepatectomy

2. Indication:

Liver tumour: Benign (Hemangioma, Adenoma, FNH, other)/ Malignant (Primary Malignancy/ Secondary Metastases)
Liver Cyst: Congenital, Biliary Cyst (Adenoma, Carcinoma), Hydatid cyst
Bile Duct tumour, Gall Bladder Cancer, Hepatolithiasis, Recurrent Pyogenic Cholangitis

3. Does the patient presented with jaundice, fever, pruritus, alcholic stools: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done - USG/ CT/ MRI Abdomen/ UGI Endoscopy/ CEA/ CA 19-9/ Biopsy – Image guided: Yes/No (Upload reports)

5. If the answer to question 4 is Yes then is there evidence of advanced malignancy: Yes/No

For Eligibility for any of the above package the answer to question 5 must 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: _____

15). Segmentectomy: S6E2.3

1. Name of the Procedure: Segmentectomy
2. Indication: Liver tumour (Benign/ Primary Malignancy/ Secondary Metastases)
3. Does the patient presented with abdominal pain, bleeding, rupture, lump in abdomen:
Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - USG/ CT/ MRI
Abdomen/ UGI Endoscopy/ AFP/ CEA/ CA 19-9: Yes/No (Upload reports)

For Eligibility for Segmentectomy the answer to question 4 must be Yes

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: _____

16). Hepato Cellular Carcinoma (Advanced) Radio Frequency Ablation: S6E2.4

1. Name of the Procedure: Hepato Cellular Carcinoma (Advanced) Radio Frequency Ablation
2. Indication: Hepato Cellular Carcinoma
3. Does the patient presented with abdominal pain/ bleeding/ rupture/ lump in abdomen/ loss of appetite/ Incidentally detected: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – CBC, LFT, PT & INR, USG/ CT/ MRI Abdomen/ AFP/ CEA/ CA 19-9/serum Chromogranin A/ Biopsy: Yes/No (Upload reports)
5. If the answer to question 4 is Yes then is the tumour more than 5 cms: Yes/No

For Eligibility for Hepato Cellular Carcinoma (Advanced) Radio Frequency Ablation the answer to question 5 must 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: _____

17). Haemangioma SOL Liver Hepatectomy + Wedge Resection: S6E2.5

1. Name of the Procedure: Haemangioma SOL Liver Hepatectomy + Wedge Resection
2. Indication: Liver tumour (Benign/Malignant)
3. Does the patient presented with incidental diagnosis, abdominal pain, bleeding, rupture:
Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – CT Scan/ MRI
Abdomen, USG, Endoscopy/ Liver Biopsy: Yes/No (Upload reports)

For Eligibility for Haemangioma SOL Liver Hepatectomy + Wedge Resection the answer to question 4 must be Yes

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: _____

18). Hydatid Cyst-Marsupilisation: S6E2.6

1. Name of the Procedure: Hydatid Cyst-Marsupilisation
2. Indication: Hydatid Cyst of Liver
3. Does the patient presented with abdominal pain/ lump/ jaundice/ fever: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – USG, CT Scan/ MRI Abdomen: Yes/No (Upload reports)

For Eligibility for Hydatid Cyst-Marsupilisation the answer to question 4 must be Yes

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: _____

19). Cyst Excision + Hepatic Jejunostomy: S6E2.7

1. Name of the Procedure: Cyst Excision + Hepatic Jejunostomy
2. Indication: Choledochal Cyst
3. Does the patient presented with jaundice, fever, abdominal pain, pruritis or asymptomatic incidental diagnosis: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – CT/ MRI Abdomen/ USG: Yes/No (Upload reports)

For Eligibility for Cyst Excision + Hepatic Jejunostomy the answer to question 4 must be Yes

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: _____

20). Distal Pancreatectomy: S6E3.1

1. Name of the Procedure: Distal Pancreatectomy
2. Indication: Pancreatic body/ Tail solid/ Cystic Tumour/ Pseudocyst involving the tail of pancreas/ Pancreatic fistula/ Chronic Pancreatitis/ Pancreatic trauma
3. Does the patient presented with abdominal pain, back pain or incidentally picked up:
Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – USG, CT/ MRI Abdomen/ EUS/ ERCP/ Cyst fluid Analysis: Yes/No (Upload reports)

For Eligibility for Distal Pancreatectomy the answer to question 4 must be Yes

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: _____

21). Central Pancreatectomy: S6E3.10

1. Name of the Procedure: Central Pancreatectomy
2. Indication: Pancreatic solid/ Cystic Tumour
3. Does the patient presented with abdominal pain or incidentally picked up: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – USG, CT Scan/ MRI Abdomen/ ERCP/ EUS/ Cyst fluid Analysis: Yes/No (Upload reports)

For Eligibility for Central Pancreatectomy the answer to question 4 must be Yes

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: _____

22). Enucleation Of Cyst: S6E3.2

1. Name of the Procedure: Enucleation Of Cyst
2. Indication: Benign Pancreatic Tumour
3. Does the patient presented with jaundice, abdominal pain, hypoglycemia if insulinoma or incidentally picked up: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – USG, CT Scan/ MRI Abdomen/ EUS + Biopsy/ Intra-op Ultrasound/ ERCP: Yes/No (Upload reports)

For Eligibility for Enucleation Of Cyst the answer to question 4 must be Yes

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: _____

23). Whipples Any Type: S6E3.3

1. Name of the Procedure: Whipples Any Type
2. Indication: Pancreatic head tumour/ Distal bile duct tumour/ Periampullary tumour/ Duodenal tumor/ Pancreatic Head mass of indeterminate origin/ Chronic Pancreatitis
3. Does the patient presented with jaundice/ pruritus/ clay coloured stools/ head mass/ pain abdomen/ weight loss: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – USG, CT Scan/ MRI Abdomen/ EUS/ Ca 19-9/ CEA: Yes/No (Upload reports)

For Eligibility for Whipples Any Type the answer to question 4 must be Yes

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: _____

24). Triple Bypass: S6E3.4

1. Name of the Procedure: Triple Bypass
2. Indication: Locally advanced unresectable pancreatic head/ Periapillary malignancy
3. Does the patient presented with vomiting/ jaundice/ weight loss: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – USG, CT Scan/ MRI Abdomen/ Ca 19-9/ CEA: Yes/No (Upload reports)

For Eligibility for Triple Bypass the answer to question 4 must be Yes

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: _____

25). Other Bypasses: S6E3.5

1. Name of the Procedure: Other Bypasses
2. Indication: Locally advanced unresectable pancreatic head/ Periampullary malignancy/
Large inflammatory head mass
3. Does the patient presented with vomiting/ jaundice/ weight loss: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – USG, CT
Scan/ MRI Abdomen/ Ca 19-9/ CEA: Yes/No (Upload reports)

For Eligibility for Other Bypasses the answer to question 4 must be Yes

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: _____

26). Lap- Pancreatic Necrosectomy: S6E3.6

1. Name of the Procedure: Lap- Pancreatic Necrosectomy
2. Indication: Acute necrotizing pancreatitis
3. Does the patient presented with abdominal pain/ fever/ vomiting/ jaundice: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – CBC, USG, CT Scan/ MRI Abdomen/ Endoscopy/ Serum lipase, Serum Amylase/ Image Guided FNAC:
Yes/No (Upload reports)

For Eligibility for Lap- Pancreatic Necrosectomy the answer to question 4 must be Yes

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: _____

27). Lateral Pancreaticojejunostomy (Non- Malignant): S6E3.7

1. Name of the Procedure: Lateral Pancreaticojejunostomy (Non- Malignant)
2. Indication: Chronic pancreatitis
3. Does the patient presented with abdominal pain/ steatorrhea/ diabetes mellitus/ jaundice: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – USG, CT Scan/ MRI Abdomen/ ERCP/ Endoscopy: Yes/No (Upload reports)

For Eligibility for Lateral Pancreaticojejunostomy (Non- Malignant) the answer to question 4 must be Yes

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: _____

28). Pancreatic Necrosectomy (Open): S6E3.8

1. Name of the Procedure: Pancreatic Necrosectomy
2. Indication: Acute necrotizing pancreatitis
3. Does the patient presented with abdominal pain, fever, vomiting, jaundice: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – CBC, USG, CT Scan/ MRI Abdomen/ ERCP/ Endoscopy, Serum lipase, Serum Amylase/ Image Guided FNAC: Yes/No (Upload reports)

For Eligibility for Pancreatic Necrosectomy the answer to question 4 must be Yes

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: _____

29). Distal Pancreatectomy + Splenectomy: S6E3.9

1. Name of the Procedure: Distal Pancreatectomy + Splenectomy

2. Indications:

Solid/ Cystic Neoplasm of the body or tail of pancreas/ Trauma Abdomen involving pancreas
Chronic pancreatitis/ Pseudocyst in tail of pancreas/ Disconnected duct syndrome

3. Does the patient presented with abdominal pain, abdominal lump: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done – USG, CT Scan/ MRI Abdomen/ EUS/ CEA, CA 19-9: Yes/No (Upload reports)

For Eligibility for Distal Pancreatectomy + Splenectomy the answer to question 4 must be Yes

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: _____

30). Distal Pancreatectomy + Splenectomy: S6E3.9

1. Name of the Procedure: Distal Pancreatectomy + Splenectomy

2. Indications:

Solid/ Cystic Neoplasm of the body or tail of pancreas/ Trauma Abdomen involving pancreas
Chronic pancreatitis/ Pseudocyst in tail of pancreas/ Disconnected duct syndrome

3. Does the patient presented with abdominal pain, back pain: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done – CT Scan/ MRI Abdomen/ EUS/ ERCP/ Image Guided Biopsy & Fluid Analysis, CEA, CA 19-9: Yes/No (Upload reports)

For Eligibility for Distal Pancreatectomy + Splenectomy the answer to question 4 must be Yes

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: _____

31). Colonic Pull Up: S6E4.1

1. Name of the Procedure: Colonic Pull Up
2. Indication: Benign esophageal stricture or Total Oesophagectomy for trauma/ post-operative leak/ Ca Oesophagus
3. Does the patient presented with dysphagia, odynophagia, history of corrosive ingestion or trauma or surgery: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – Contrast Esophagogram/ Endoscopy, CT Scan/ Colonoscopy/ Formal Abdominal Angiography: Yes/No (Upload reports)

For Eligibility for Colonic Pull Up the answer to question 4 must be Yes

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: _____

32). Oesophagectomy: S6E4.2

1. Name of the Procedure: Oesophagectomy
2. Indication: Tumours/ Trauma/ Post-operative Leak of the esophagus/ Corrosive Injury/ Corrosive stricture
3. Does the patient presented with dysphagia, weight loss/ Trauma/ Post-operative Leak: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - Contrast Esophagogram / Endoscopy/ CT scan /Biopsy/ EUS: Yes/No (Upload reports)

For Eligibility for Oesophagectomy the answer to question 4 must be Yes

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: _____

33). Oesophago-Gastrectomy: S6E4.3

1. Name of the Procedure: Oesophago-Gastrectomy
2. Indication: Tumours of Gastro-esophageal junction
3. Does the patient presented with dysphagia/ hematemesis/ malena/ anemia: Yes/No
4. If the answer to question 3 is Yes then is there evidence of tumour on CT scan/
Endoscopy/ Biopsy/ EUS/ PET Scan: Yes/No (Upload reports)
5. If the answer to question 4 is Yes then is there evidence of Metastatic Disease: Yes/No

For Eligibility for Oesophago-Gastrectomy the answer to question 5 must 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: _____

34). Lap Heller's Myotomy: S6E4.4

1. Name of the Procedure: Lap Heller's Myotomy
2. Indication: Achalasia Cardia
3. Does the patient presented with dysphagia/ regurgitation/ aspiration/ chest pain:
Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - CT scan/
Endoscopy/ Barium Study/ Manometry: Yes/No (Upload reports)

For Eligibility for Lap Heller's Myotomy the answer to question 4 must be Yes

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: _____

35). Lap Funduplications: S6E4.5

1. Name of the Procedure: Lap Funduplications
2. Indication: Gastro-esophageal reflux disease
3. Does the patient presented with heart burn/ reflux/ dysphagia due to peptic stricture/ barrett's esophagus/ Non cardiac chest pain/ voice changes/ cough/ lung infection:
Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - Endoscopy/ Biopsy/ CT scan/ Barium Study/ Manometry/ pH Study: Yes/No (Upload reports)

For Eligibility for Lap Funduplications the answer to question 4 must be Yes

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: _____

36). Partial Gastrectomy: S6E5.1

1. Name of the Procedure: Partial Gastrectomy

2. Indications:

Gastric Malignancy/ Gastric tumours – GIST, Neuroendocrine tumours, lymphoma, other benign tumours
Gastric peptic ulcer

3. Does the patient presented with dyspepsia/ hematemesis/ malena/ gastric outlet obstruction/ anemia/ weight loss: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done - Upper GI Endoscopy/ CT scan/ EUS/ Biopsy/ PET Scan: Yes/No (Upload reports)

5. If the answer to question 4 is Yes then is there evidence of metastatic malignancy: Yes/No

For Eligibility for Partial Gastrectomy the answer to question 5 must 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: _____

37). Partial Gastrectomy: S6E5.1

1. Name of the Procedure: Partial Gastrectomy

2. Indications:

Gastric Malignancy/ Gastric tumours – GIST, Neuroendocrine tumours, lymphoma, other benign tumours
--

Gastric peptic ulcer

3. Does the patient presented with abdominal pain/ anemia/ hematemesis/ malena/ gastric outlet obstruction/ perforation: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done - Upper GI Endoscopy/ CT scan: Yes/No (Upload reports)

For Eligibility for Partial Gastrectomy the answer to question 4 must be Yes

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: _____

38). Total Gastrectomy: S6E5.2

1. Name of the Procedure: Total Gastrectomy
2. Indication: Gastric Malignancy/ Corrosive Injury of stomach
3. Does the patient presented with hematemesis/ malena/ gastric outlet obstruction/ anemia/ weight loss: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - Upper GI Endoscopy/ CT scan/ Biopsy/ PET Scan: Yes/No (Upload reports)
5. If the answer to question 4 is Yes then is there evidence of metastatic malignancy: Yes/No

For Eligibility for Total Gastrectomy the answer to question 5 must 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: _____

39). Truncal Vagotomy + Gastro Jejunostomy: S6E5.3

1. Name of the Procedure: Truncal Vagotomy + Gastro Jejunostomy
2. Indication: Peptic ulcer disease
3. Does the patient presented with symptoms of peptic ulcer/ gastric outlet obstruction/ intractability: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – Endoscopy/ CT scan/ USG/ Biopsy/ Barium study: Yes/No (Upload reports)

For Eligibility for Truncal Vagotomy + Gastro Jejunostomy the answer to question 4 must be Yes

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: _____

40). Distal Gastrectomy For Gastric Outlet Obstruction: S6E5.4

1. Name of the Procedure: Distal Gastrectomy For Gastric Outlet Obstruction
2. Indication: Gastric Outlet Obstruction
3. Does the patient presented with vomiting after meals: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - Endoscopy/
Biopsy/ CT scan/ USG/ Barium study: Yes/No (Upload reports)

For Eligibility for Distal Gastrectomy For Gastric Outlet Obstruction the answer to question 4 must be Yes

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: _____

41). Surgery For Corrosive Injury Stomach: S6E5.5

1. Name of the Procedure: Surgery For Corrosive Injury Stomach
2. Indication: Corrosive Injury Stomach
3. Does the patient presented with acute pain abdomen, peritonitis/ dysphagia, gastric outlet obstruction: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - CT scan/ USG/ Endoscopy/ Barium study: Yes/No (Upload reports)

For Eligibility for Surgery For Corrosive Injury Stomach the answer to question 4 must be Yes

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: _____

42). Volvulus: S6E6.1

1. Name of the Procedure: Volvulus
2. Indication: Caecal volvulus/ small bowel volvulus/ sigmoid volvulus/ gastric volvulus
3. Does the patient presented with abdominal pain/ vomiting/ constipation: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - CT scan/ X ray abdomen/ Barium study: Yes/No (Upload reports)

For Eligibility for Volvulus the answer to question 4 must be Yes

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: _____

43). Malrotation: S6E6.2

1. Name of the Procedure: Malrotation
2. Indication: Malrotation of gut
3. Does the patient presented with abdominal pain, vomiting: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - CT scan/ X ray abdomen/ Barium study: Yes/No (Upload reports)

For Eligibility for Malrotation the answer to question 4 must be Yes

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: _____

44). Lap Adhesiolysis: S6E6.3

1. Name of the Procedure: Lap Adhesiolysis
2. Indication: Adhesive intestinal obstruction/ Abdominal pain due to adhesions
3. Does the patient presented with colicky abdominal pain, vomiting: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - CT scan/ X ray abdomen/ Barium study: Yes/No (Upload reports)

For Eligibility for Lap Adhesiolysis the answer to question 4 must be Yes

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: _____

45). Right Hemicolectomy: S6E7.1/ Left Hemicolectomy: S6E7.2/ Extended Right Hemicolectomy: S6E7.3

1. Name of the Procedure: Right Hemicolectomy/ Left Hemicolectomy/ Extended Right Hemicolectomy

2. Indications:

Colon Malignancy/ Ileocaecal mass/ Ileocaecal lump
Benign stricture/ Benign tumour
Colonic Ischemia
Lower G.I bleed

3. Does the patient presented with altered bowel habits/ constipation/ diarrhea/ change in stool caliber/ colonic obstruction/ bleeding per rectum/ evening rise of temperature/ failure to thrive: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done - CT scan/ Biopsy/ Serum CEA/ Colonoscopy/ Barium Study: Yes/No (Upload reports)

For Eligibility for any of the above package the answer to question 4 must be Yes

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: _____

46). Right Hemicolectomy: S6E7.1/ Left Hemicolectomy: S6E7.2/ Extended Right Hemicolectomy: S6E7.3

1. Name of the Procedure: Right Hemicolectomy/ Left Hemicolectomy/ Extended Right Hemicolectomy

2. Indications:

Colon Malignancy/ Ileocaecal mass/ Ileocaecal lump
Benign stricture/ Benign tumour
Colonic Ischemia
Lower G.I bleed

3. Does the patient presented with abdominal pain/ altered bowel habits/ colonic obstruction/ bleeding: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done - CT scan/ Biopsy/ Endoscopy/ Colonoscopy/ Barium Study: Yes/No (Upload reports)

For Eligibility for any of the above package the answer to question 4 must be Yes

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: _____

47). Right Hemicolectomy: S6E7.1/ Left Hemicolectomy: S6E7.2/ Extended Right Hemicolectomy: S6E7.3

1. Name of the Procedure: Right Hemicolectomy/ Left Hemicolectomy/ Extended Right Hemicolectomy

2. Indications:

Colon Malignancy/ Ileocaecal mass/ Ileocaecal lump
Benign stricture/ Benign tumour
Colonic Ischemia
Lower G.I bleed

3. Does the patient presented with bleeding per rectum/ abdominal pain/ shock: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done - CT scan/ Biopsy/ Endoscopy/Colonoscopy/Formal Angiography/CT Angiography: Yes/No (Upload reports)

For Eligibility for any of the above package the answer to question 4 must be Yes

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: _____

48). Right Hemicolectomy: S6E7.1/ Left Hemicolectomy: S6E7.2/ Extended Right Hemicolectomy: S6E7.3

1. Name of the Procedure: Right Hemicolectomy/ Left Hemicolectomy/ Extended Right Hemicolectomy

2. Indications:

Colon Malignancy/ Ileocaecal mass/ Ileocaecal lump
Benign stricture/ Benign tumour
Colonic Ischemia
Lower G.I bleed

3. Does the patient presented with hematochezia/ malena/ shock/ anemia: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done - CT scan/ Biopsy/ Endoscopy/ Colonoscopy/ Enteroscopy/ RBC scanning/ Conventional Angiography/ CT Angiography: Yes/No (Upload reports)

For Eligibility for any of the above package the answer to question 4 must be Yes

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: _____

49). Anterior Resection: S6E7.4/ Anterior Resection With Ileostomy: S6E7.5/ Abdomino Perineal Resection (Non- Malignant): S6E7.6

1. Name of the Procedure: Anterior Resection/ Anterior Resection With Ileostomy/ Abdomino Perineal Resection (Non- Malignant)
2. Indication: Rectal Cancer/ Rectal polyp with malignant changes
3. Does the patient presented with bleeding per rectum/ constipation/ diarrhea/ change in stool caliber/ tenesmus/ urgency/ pelvic pain/ rectal obstruction: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - CT scan/ MRI abdomen & pelvis/ Serum CEA/ Biopsy/ Endoscopy/Colonoscopy: Yes/No (Upload reports)

For Eligibility for any of the above package the answer to question 4 must be Yes

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: _____

50). Hartman.S Procedure With Colostomy: S6E7.7

1. Name of the Procedure: Hartman.S Procedure With Colostomy
2. Indication: Complicated Diverticular disease/ Volvulus/ Ulcerative colitis / Rectal cancer/ Recto-Vaginal or recto-vesical fistula/ Rectal involvement in other adjacent malignancy
3. Does the patient presented with abdominal pain/ fever/ diarrhea/ urgency/ tenesmus/ abdominal distention/ bleeding per rectum/ rectal obstruction/ colo-vesical fistula/ colovaginal fistula/ diverticulitis with abscess or peritonitis/ bleeding from diverticuli:
Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - CT scan/ Biopsy/ Endoscopy/Colonoscopy/Cytoscopy/Barium study: Yes/No (Upload reports)

For Eligibility for Hartman.S Procedure With Colostomy the answer to question 4 must be Yes

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: _____

51). I Stage-Sub Total Colectomy + Ileostomy: S6E8.1/ II Stage-J - Pouch: S6E8.2/ III Stage-Ileostomy Closure: S6E8.3/ I Stage- Sub Total Colectomy + Ileostomy + J – Pouch: S6E9.1/ II Stage- Ileostomy: S6E9.2

1. Name of the Procedure: I Stage-Sub Total Colectomy + Ileostomy/ II Stage-J - Pouch/ III Stage-Ileostomy Closure/ I Stage- Sub Total Colectomy + Ileostomy + J – Pouch/ II Stage-Ileostomy
2. Indication: Ulcerative Colitis/ Polyposis Coli
3. Does the patient presented with bloody diarrhea/ abdominal distention/ abdominal pain/ anaemia: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - CT scan with contrast/ Biopsy/ Endoscopy/ Colonoscopy: Yes/No (Upload reports)

For Eligibility for any of the above package the answer to question 4 must be Yes

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

Treating Doctor Signature with Stamp
