**Annexure- CM – Gynaec-Onco**

**Spectrum of Diagnosis/Case Mix in the Specialty of Gynaecological Oncology:**

|  |  |
| --- | --- |
| **Spectrum of Surgical Diagnosis Surgeries / Procedures Performed by the Department** | **Year wise no. of Surgical Procedures** |
|  |  |  |
| **VULVA** |  |
| **Minor** |
| Vulval Colposcopy and Biopsy |  |  |  |
| Vulval excision biopsy |  |  |  |
| Wide/Radical local excision vulva |  |  |  |
| **Major** |
| Simple Vulvectomy |  |  |  |
| Sentinel Lymph node dissection |  |  |  |
| **Redical** |
| Radical/Modified Radical Vulvectomy, unilateral or bilateral |  |  |  |
| Open inguinal lymph node dissection |  |  |  |
| MAS inguinal lymph node dissection |  |  |  |
| **Ultra Radical** |
| Anterior pelvic exenteration |  |  |  |
| Posterior pelvic exenteration |  |  |  |
| Total pelvic exenteration |  |  |  |
| **Vagina** |
| **Minor** |
| Vaginal colposcopy and biopsy |  |  |  |
| Vaginal excision biopsy |  |  |  |
| Ablation of vaginal lesions with energy devices |  |  |  |
| **Major** |
| Partial vaginectomy |  |  |  |
| Total vaginectomy |  |  |  |
| **Radical** |
| Radical vaginectomy |  |  |  |
| Inguinal lymph node dissection, open or MAS |  |  |  |
| Pelvic lymph node dissection, open or MAS |  |  |  |
| **Ultra Radical** |
| Anterior pelvic exenteration |  |  |  |
| Posterior pelvic exenteration |  |  |  |
| Total pelvic exenteration |  |  |  |
| **CERVIX** |
| **Minor** |
| Coploscopy and biopsy |  |  |  |
| Cervical polypectomy |  |  |  |
| Laser/cryo/thermos coagulation of cervix |  |  |  |
| Electrosurgical/Knife conisation of cervix |  |  |  |
| Examination under anaesthetic |  |  |  |
| Cystoscopy and or proctoscopy |  |  |  |
| **Major** |
| Extra-fascil simple hysterectomy/Type-I |  |  |  |
| Tracheloctomy open/MAS |  |  |  |
| Vaginal hysterectomy+/-BSO |  |  |  |
| **Radical** |
| Radical Hysterectomy/type II/type III, open or MAS |  |  |  |
| RH + PLND + Para-arotic lymph node sampling, open or MAS |  |  |  |
| Abdominal radical trachelectomy, open or MAS |  |  |  |
| Vaginal radical trachelectomy |  |  |  |
| Parametrectomy, open or MAS |  |  |  |
| **Ultra Radical** |
| Anterior pelvic exenteration |  |  |  |
| Posterior pelvic exenteration |  |  |  |
| Total pelvic exenteration |  |  |  |
| LEER procedure |  |  |  |
| **UTERUS/ENDOMETRIUM** |
| **Minor** |
| D&C/Endometrial aspiration biopsy |  |  |  |
| Diagnostic hysteroscopy and biopsy |  |  |  |
| Hysteroscopy and simple polypectomy |  |  |  |
| **Major** |
| Hysteroscopic electro-surgical procedures |  |  |  |
| Extra-fascil simple hysterectomy/Type I |  |  |  |
| **Radical** |
| Radical Hysterectomy/type II or type III Hysterectomy, open or MAS |  |  |  |
| Hysterectomy + pelvic lymph node dissection, open or MAS |  |  |  |
| Hysterectomy + PLND +PALN sampling, open or MAS |  |  |  |
| Hysterectomy + PLND + PALND + omentectomy, pen or MAS |  |  |  |
| Sentinel lymph node mapping and dissection |  |  |  |
| **Ultra Radical** |  |  |  |
| Staging surgery with bowel resection and anastomosis |  |  |  |
| **OVARY/FALLOPIAN TUBE/PERITONEUM** |
| **Minor** |
| Diagnostic laparoscopy and biopsy |  |  |  |
| Paracentesis |  |  |  |
| Chest tube insertion |  |  |  |
| USG guided truecut biopsy |  |  |  |
| **Major** |
| Risk reduction surgery for ovarian cancer |  |  |  |
| Bilateral salpingo-oophorectomy for the treatment of breast Ca |  |  |  |
| Hysteroscopic electro-surgical procedures |  |  |  |
| Extra-fascial simple hysterectomy,+/-BSO, open or MAS |  |  |  |
| Salpingo-oophorectomy, unilateral or bilateral |  |  |  |
| **Radical** |  |  |  |
| TAH BSO Omentectomy |  |  |  |
| TAH BSI Omentectomy + PLND |  |  |  |
| TAH BSO Omentectomy + PALN sampling |  |  |  |
| TAH BSO Omentectomy + PLND +PALN dissection |  |  |  |
| Open or MAS completion surgery |  |  |  |
| Fertility preserving complete staging surgery |  |  |  |
| **Ultra Radical** |
| TAH BSO Omentectomy +/- lymph node dissection with the addition any |  |  |  |
| **Any other Surgical Procedures that are not listed above** |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Date:**

|  |  |
| --- | --- |
|  |  |
| **Signatures of Head of the Department** **with stamp** | **Signature with official stamp of Administrative Head of the Institute/Hospital**(Authorized signatory on behalf of applicant hospital) |