**Annexure- CM - OBGY**

**Spectrum of Diagnosis in the Specialty of Obstetrics and Gynecology:** Spectrum of diagnosis available in the department in last 3 years

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| **Spectrum of Surgical Diagnosis (Indicative Spectrum of Diagnosis is listed below)** | **Year wise no. of Clinical / Surgical Procedures** |
| **2019** | **2018** | **2017** |
| **OBSTETRICS** |  |  |  |
| **Normal Vaginal Deliveries** |  |  |  |
| LSCS |  |  |  |
| LSCS with Sterilization |  |  |  |
| CS Hysterectomy |  |  |  |
| CS + Abdominoplasty |  |  |  |
| CS + Ovarian Cystectomy |  |  |  |
| CS + Modified B. Lynch |  |  |  |
| Cervical Encirclage |  |  |  |
| PPS |  |  |  |
| **GYNAECOLOGY** |  |  |  |
| **Major** |  |  |  |
| TAH |  |  |  |
| TAH with USO |  |  |  |
| TAH with BSO |  |  |  |
| VH with PFR |  |  |  |
| Werthimes Hystrectomy |  |  |  |
| Staging Laparotomy |  |  |  |
| Myomectomy |  |  |  |
| Non Descent VH |  |  |  |
| Ovariotomy |  |  |  |
| PFR |  |  |  |
| Ovariotomy + Myomectomy |  |  |  |
| TAH with BSO + Burch’s Colposuspension |  |  |  |
| **Minor** |  |  |  |
| D & C |  |  |  |
| FC |  |  |  |
| FC + Biopsy Cervix |  |  |  |
| MTP |  |  |  |
| EUA |  |  |  |
| Episiotomy Hematoma Evacuation |  |  |  |
| LLETZ |  |  |  |
| **LAPROSCOPIC PROCEDURE** |  |  |  |
| LAVH |  |  |  |
| TLH |  |  |  |
| LAP Ovarian Cystectomy |  |  |  |
| LAP Myomectomy |  |  |  |
| Diagnostic Laparohysteroscopy |  |  |  |
| LAP PCO Puncture |  |  |  |
| Hysteroscopic Polypectomy |  |  |  |
| LAP Salpingectomy |  |  |  |
| LAP Sterilization |  |  |  |
| MTP + LAP Sterilization |  |  |  |

**Date:**

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| **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) |