**Annexure- CM – NEURO SURGERY**

**Spectrum of Surgical Procedures performed by the department of Neuro Surgery:** Spectrum of procedures available in the department in last 3 years

|  |  |  |  |
| --- | --- | --- | --- |
| **Spectrum of Surgical Procedures (Indicative Spectrum of Diagnosis is listed below)** | **Year wise no. of Clinical / Surgical Procedures** | | |
| **2019** | **2018** | **2017** |
| Supratentorial Tumors |  |  |  |
| Infratentorial tumors |  |  |  |
| Spinal lesions |  |  |  |
| Spinal Injury |  |  |  |
| Shunts |  |  |  |
| Head injury |  |  |  |
| Other emergency surgeries |  |  |  |
| Interventional Neuro radiological procedures |  |  |  |
| Cerebral Aneurysms |  |  |  |
| Other vascular lesions |  |  |  |
| Pituitary |  |  |  |
| Neuro endoscopy |  |  |  |
| Peripheral nerve surgeries |  |  |  |
| Organ Donation Programme |  |  |  |
| Others |  |  |  |

**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) |