**Annexure- CM – SURGICAL GASTROENTEROLOGY**

**Spectrum of Surgical Procedures performed by the department of Surgical Gastroenterology:** 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** |
| Cholelithiases and Choledocholithiases | |  |  |  |
| Periampullary tumors | |  |  |  |
| Diverticulitis | |  |  |  |
| Appendicitis | |  |  |  |
| Inflamatory bowel Dis. | |  |  |  |
| Portal Hypertension | |  |  |  |
| Pancreatitis and its complications | |  |  |  |
| Retroperitoneal tumors | |  |  |  |
| Achalasia and PEH | |  |  |  |
| Ventral Hernias | |  |  |  |
| Bowel obstruction | |  |  |  |
| GI tract maligancies | |  |  |  |
| Splenomegaly (ITP/HE) | |  |  |  |
| Others | |  |  |  |
| **LIVER TRANSPLANTATION FACILITIES** | | | | |
| **Liver Transplantation Surgeries** | **Year wise number of Liver Transplantation** | | | |
| **2019** | | **2018** | **2017** |
| Adult Liver Transplantation |  | |  |  |
| Paediatric Liver Transplantation |  | |  |  |

**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) |