**Annexure- CM – SURGICAL ONCOLOGY**

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

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| **Spectrum of Surgical Procedures (Indicative Spectrum of Diagnosis is listed below)** | **Year wise no. of Clinical / Surgical Procedures** | | |
| **2019** | **2018** | **2017** |
| Bilateral Salphingo Oopherctomy |  |  |  |
| BCS |  |  |  |
| Chemoport Insertion |  |  |  |
| Colostomy |  |  |  |
| Commando |  |  |  |
| Cystectomy |  |  |  |
| DL Scopy |  |  |  |
| Examination Under Anesthesia |  |  |  |
| Exploration of Side Neck |  |  |  |
| Gastrectomy |  |  |  |
| Gastrojejunostomy |  |  |  |
| Hemicolectomy |  |  |  |
| Laparotomy |  |  |  |
| Laryngoscopy Micro (MLS) |  |  |  |
| Lobectomy |  |  |  |
| Mastectomy |  |  |  |
| Maxilectomy |  |  |  |
| Modified Radical Mastectomy (MRM) |  |  |  |
| Nephrectomy |  |  |  |
| Radical Nephrectomy |  |  |  |
| Esophagectomy |  |  |  |
| Parotidectomy |  |  |  |
| Thyroidectomy |  |  |  |
| 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) |