**AGE \_\_\_\_\_\_\_\_\_\_\_**

**HOSPITAL NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF PROCEDURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Diagnosis if not on ICD 10 list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROCEDURE(S) PERFORMED (CODES):**

NONE

Procedure not completed

Bleeding requiring unplanned blood transfusion

Bowel injury

Bladder injury

**Intra-operative complications:**

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY

ELECTIVE

**TYPE OF PROCEDURE**

**GYNAECOLOGICAL SURGERY**

**DATA COLLECTION SHEET**

INTERN

FELLOW

**Performed primarily by:**

REGISTRAR

CONSULTANT

**PRE-OPERATIVE DIAGNOSIS ICD 10 CODES:**

ENDOSCOPY

OPEN ABDOMEN

VAGINAL

**CATEGORY OF PROCEDURE**

UROGYNAECOLOGY

INFERTILITY

GENERAL GYNAECOLOGY

ONCOLOGY

**TYPE OF ACCESS**

**FIRM:**

ONC

G3

G2

G1

CD 4:

***THIS FORM IS TO BE FILLED IN FOR ALL ELECTIVE AND EMERGENCY GYNAECOLOGICAL SURGERY PERFORMED***

**PLEASE PRINT AND WRITE LEGIBILY. SELECT MORE THAN ONE OPTION WHERE APPLICABLE**:

UNKNOWN

DECLINE

NEG

POS

**HIV:**

M

G

P

E

**NAME**   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SURNAME**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**