



O.P.D. No. :  
A.R.C. No. :  
FOLDER No. :  
**BHAGANDARA (FISTULA-IN-ANO) PROFORMA**  
DEPARTMENT OF SHALYA-SHALAKYA  
INSTITUTE OF MEDICAL SCIENCES AND S.S. HOSPITAL  
BANARAS HINDU UNIVERSITY - VARANASI (INDIA)

K.S. Pos. No. :

Date :

CLINICAL FEATURES				ASSOCIATED DISEASES		PREVIOUS SURGERY		S Y C					
<b>DISCHARGE</b> Blood <input type="checkbox"/> Thick <input type="checkbox"/> Pus <input type="checkbox"/> Thin <input type="checkbox"/> Faeces <input type="checkbox"/> Watery <input type="checkbox"/> Gas <input type="checkbox"/> Frothy <input type="checkbox"/> Urine <input type="checkbox"/> Offensive <input type="checkbox"/> Abundant <input type="checkbox"/> Mixed <input type="checkbox"/> Less <input type="checkbox"/> Severe <input type="checkbox"/>		<b>PAIN</b> Pricking <input type="checkbox"/> Cutting <input type="checkbox"/> Throbbing <input type="checkbox"/> Burning <input type="checkbox"/> Letting <input type="checkbox"/> Mixed <input type="checkbox"/> Mild <input type="checkbox"/> Severe <input type="checkbox"/>		<b>ONSET</b> Acute <input type="checkbox"/> Gradual <input type="checkbox"/> <b>DURATION</b> Less than 1 Yr. <input type="checkbox"/> Up to 2 Yr. <input type="checkbox"/> 3 Yrs. <input type="checkbox"/> Over 3 Yrs. <input type="checkbox"/>		<b>BOWEL HABIT</b> Normal <input type="checkbox"/> Constipated <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Mucous & Blood <input type="checkbox"/> History of Trauma <input type="checkbox"/>		Tuberculosis <input type="checkbox"/> Diabetes <input type="checkbox"/> Ulcerative Colitis <input type="checkbox"/> Crohn's disease <input type="checkbox"/> Urinary disease <input type="checkbox"/> Cardiac disease <input type="checkbox"/> Neurological disease <input type="checkbox"/> Others <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/> <b>TYPE OF OPERATION</b> Open + Drainage <input type="checkbox"/> Drainage + Cauterization <input type="checkbox"/> Excision <input type="checkbox"/> Excision + Grating <input type="checkbox"/> Others <input type="checkbox"/>		<b>CARDIO VASCULAR SYSTEM</b> S Pulse <input type="checkbox"/> T B.P. <input type="checkbox"/> Others <input type="checkbox"/>	
<b>TYPE OF FISTULA</b> Inter Sphincteric <input type="checkbox"/> Trans Sphincteric <input type="checkbox"/> Supra Sphincteric <input type="checkbox"/> Extra Sphincteric <input type="checkbox"/>				NAME _____ AGE _____ OCCUPATION _____ ADDRESS _____ SEX _____		<b>INVESTIGATIONS</b> BLOOD TLC _____ DLC N L E M B _____ Hb gr _____ ESR mm/hr _____ URINE _____ STOOL _____ PUS CULTURE _____ BIOPSY _____ RADIOGRAPHY _____ OTHERS _____		<b>EXAMINATION</b> RESPIRATION SYSTEM _____ GENITO-URINARY SYSTEM _____ DIGESTIVE SYSTEM _____ CONDITION OF SKIN NEAR FISTULA Normal <input type="checkbox"/> Inflamed <input type="checkbox"/> Indurated <input type="checkbox"/> Ext. Pile or Tag <input type="checkbox"/> Others <input type="checkbox"/> TENDERNESS Present <input type="checkbox"/> Absent <input type="checkbox"/> OPENINGS No. : _____ Distance from AV Position—O' clock _____ 9 6 3 12					
<b>TYPE OF BHAGANDARA</b> Shatapornaka <input type="checkbox"/> Ushtrasreeva <input type="checkbox"/> Panstravi <input type="checkbox"/> Shambukavanti <input type="checkbox"/> Urnalgi <input type="checkbox"/>				DATE OF FIRST APPLICATION _____ DATE OF RECOVERY _____ TOTAL NO. OF DAYS _____ SURGEON _____ SIGNATURE _____		<b>DIGITAL EXAMINATION</b> FISSURE <input type="checkbox"/> THROMBOTIC PILE <input type="checkbox"/> MALIGNANCY <input type="checkbox"/> INDURATED DIMPLE <input type="checkbox"/>		<b>SPHINCTERIC TONE</b> Normal <input type="checkbox"/> Hypertonic <input type="checkbox"/> Hypotonic <input type="checkbox"/> PROSTATE Normal <input type="checkbox"/> Enlarged <input type="checkbox"/>					
<b>PRAKRITI</b> Vata <input type="checkbox"/> Pitta <input type="checkbox"/> Kapha <input type="checkbox"/>		<b>TYPE OF SUTRA</b>		<b>FOLDER</b>		<b>PROBING</b> Blind Ext. <input type="checkbox"/> Blind Int. <input type="checkbox"/> Complete Bilateral <input type="checkbox"/> Rectal Curved <input type="checkbox"/> Horse shoe <input type="checkbox"/>		<b>DIRECTION OF FISTULA</b> Towards rectum <input type="checkbox"/> Towards I.R. Foris <input type="checkbox"/> Others <input type="checkbox"/> Depth (Cms.) _____					
<b>RESULT</b> Cured <input type="checkbox"/> Not Cured <input type="checkbox"/>		<b>SIGMOIDOSCOPY</b>		<b>PROCTOSCOPY</b>		<b>CHARACTER</b> Blind Ext. <input type="checkbox"/> Blind Int. <input type="checkbox"/> Complete Bilateral <input type="checkbox"/> Rectal Curved <input type="checkbox"/> Horse shoe <input type="checkbox"/>		<b>DIRECTION OF FISTULA</b> Towards rectum <input type="checkbox"/> Towards I.R. Foris <input type="checkbox"/> Others <input type="checkbox"/> Depth (Cms.) _____					
<b>RECURRENT</b> Within 6 months <input type="checkbox"/> Within 1 Year <input type="checkbox"/> Within 2 Years <input type="checkbox"/> Within 3 Years <input type="checkbox"/> Within 4 Years <input type="checkbox"/>		<b>PAIN</b> Pricking <input type="checkbox"/> Cutting <input type="checkbox"/> Throbbing <input type="checkbox"/> Burning <input type="checkbox"/> Letting <input type="checkbox"/> Mixed <input type="checkbox"/> Mild <input type="checkbox"/> Severe <input type="checkbox"/>		<b>ONSET</b> Acute <input type="checkbox"/> Gradual <input type="checkbox"/> <b>DURATION</b> Less than 1 Yr. <input type="checkbox"/> Up to 2 Yr. <input type="checkbox"/> 3 Yrs. <input type="checkbox"/> Over 3 Yrs. <input type="checkbox"/>		<b>BOWEL HABIT</b> Normal <input type="checkbox"/> Constipated <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Mucous & Blood <input type="checkbox"/> History of Trauma <input type="checkbox"/>		<b>Tuberculosis</b> <input type="checkbox"/> <b>Diabetes</b> <input type="checkbox"/> <b>Ulcerative Colitis</b> <input type="checkbox"/> <b>Crohn's disease</b> <input type="checkbox"/> <b>Urinary disease</b> <input type="checkbox"/> <b>Cardiac disease</b> <input type="checkbox"/> <b>Neurological disease</b> <input type="checkbox"/> <b>Others</b> <input type="checkbox"/>		<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>TYPE OF OPERATION</b> Open + Drainage <input type="checkbox"/> Drainage + Cauterization <input type="checkbox"/> Excision <input type="checkbox"/> Excision + Grating <input type="checkbox"/> <b>Others</b> <input type="checkbox"/>		<b>CARDIO VASCULAR SYSTEM</b> S Pulse <input type="checkbox"/> T B.P. <input type="checkbox"/> <b>Others</b> <input type="checkbox"/>	