



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
PERITONEAL ADHESIONS
(Balance of Probabilities)
(No. 4 of 2016)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

Dated 18 December 2015

The Common Seal of the
Repatriation Medical Authority
was affixed to this instrument
at the direction of:

A handwritten signature in black ink, appearing to read 'Nicholas Saunders'.

Professor Nicholas Saunders AO
Chairperson

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1 Name

This is the Statement of Principles concerning *peritoneal adhesions (Balance of Probabilities)* (No. 4 of 2016).

2 Commencement

This instrument commences on 25 January 2016.

3 Authority

This instrument is made under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

4 Revocation

The Statement of Principles concerning peritoneal adhesions No. 104 of 2007 made under subsection 196B(3) of the VEA is revoked.

5 Application

This instrument applies to a claim to which section 120B of the VEA or section 339 of the *Military Rehabilitation and Compensation Act 2004* applies.

6 Definitions

The terms defined in the Schedule 1 - Dictionary have the meaning given when used in this instrument.

7 Kind of injury, disease or death to which this Statement of Principles relates

- (1) This Statement of Principles is about peritoneal adhesions and death from peritoneal adhesions.

Meaning of peritoneal adhesions

- (2) For the purposes of this Statement of Principles, peritoneal adhesions means pathological bonds that abnormally join abdominopelvic organs to each other, or to the abdominal wall or diaphragm. The adhesions may consist of a thin film of connective tissue, a thick fibrous bridge containing blood vessels and nerve tissue, or a direct adhesion between two organ surfaces.
- (3) While peritoneal adhesions attracts ICD-10-AM code K66.0, K56.5, N73.6 or N99.4, in applying this Statement of Principles the meaning of peritoneal adhesions is that given in subsection (2).
- (4) For subsection (3), a reference to an ICD-10-AM code is a reference to the code assigned to a particular kind of injury or disease in *The International Statistical Classification of Diseases and Related Health*

Problems, Tenth Revision, Australian Modification (ICD-10-AM), Ninth Edition, effective date of 1 July 2015, copyrighted by the Independent Hospital Pricing Authority, ISBN 978-1-76007-020-5.

Death from peritoneal adhesions

- (5) For the purposes of this Statement of Principles, peritoneal adhesions, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's peritoneal adhesions.

Note: *terminal event* is defined in the Schedule 1 – Dictionary.

8 Basis for determining the factors

On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that peritoneal adhesions and death from peritoneal adhesions can be related to relevant service rendered by veterans or members of the Forces under the VEA, or members under the MRCA.

Note: *relevant service* is defined in the Schedule 1 – Dictionary.

9 Factors that must exist

At least one of the following factors must exist before it can be said that, on the balance of probabilities, peritoneal adhesions or death from peritoneal adhesions is connected with the circumstances of a person's relevant service:

- (1) having intra-abdominal or pelvic surgery at least two days before the clinical onset of peritoneal adhesions;
- (2) having peritonitis at least two days before the clinical onset of peritoneal adhesions;
- (3) having a disease from the specified list of inflammatory diseases involving the peritoneum or peritoneal cavity at least two days before the clinical onset of peritoneal adhesions;

Note: *specified list of inflammatory diseases* is defined in the Schedule 1 - Dictionary.

- (4) having a perforation of the peritoneum at least two days before the clinical onset of peritoneal adhesions;
- (5) having penetrating trauma to the peritoneum or major blunt trauma to the abdominopelvic region at least two days before the clinical onset of peritoneal adhesions;

Note: *major blunt trauma* is defined in the Schedule 1 - Dictionary.

- (6) having a bacterial or fungal infection involving the peritoneal cavity at least two days before the clinical onset of peritoneal adhesions;

- (7) undergoing a course of therapeutic radiation for cancer, where the abdominopelvic region was in the field of radiation, at least four weeks before the clinical onset of peritoneal adhesions;
 - (8) having received a cumulative equivalent dose of at least 20 sieverts of ionising radiation to the abdominopelvic region at least four weeks before the clinical onset of peritoneal adhesions;
- Note: *cumulative equivalent dose* is defined in the Schedule 1 - Dictionary.
- (9) undergoing intraperitoneal chemotherapy or intraperitoneal dialysis at least two days before the clinical onset of peritoneal adhesions;
 - (10) having a primary or secondary malignant neoplasm involving the peritoneum at least two days before the clinical onset of peritoneal adhesions;
 - (11) inability to obtain appropriate clinical management for peritoneal adhesions.

10 Relationship to service

- (1) The existence in a person of any factor referred to in section 9, must be related to the relevant service rendered by the person.
- (2) The factor set out in subsection 9(11) applies only to material contribution to, or aggravation of, peritoneal adhesions where the person's peritoneal adhesions was suffered or contracted before or during (but did not arise out of) the person's relevant service.

11 Factors referring to an injury or disease covered by another Statement of Principles

In this Statement of Principles:

- (1) if a factor referred to in section 9 applies in relation to a person; and
- (2) that factor refers to an injury or disease in respect of which a Statement of Principles has been determined under subsection 196B(3) of the VEA;

then the factors in that Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

Schedule 1 - Dictionary

Note: See Section 6

1 Definitions

In this instrument:

cumulative equivalent dose means the total dose of ionising radiation received by the particular organ or tissue. The formula used to calculate the cumulative equivalent dose allows doses from multiple types of ionising radiation to be combined, by accounting for their differing biological effect. The unit of equivalent dose is the sievert. For the purposes of this Statement of Principles, the calculation of cumulative equivalent dose excludes doses received from normal background radiation, but includes therapeutic radiation, diagnostic radiation, cosmic radiation at high altitude, radiation from occupation-related sources and radiation from nuclear explosions or accidents.

major blunt trauma means severe non-penetrating trauma that causes the immediate development of pain and tenderness lasting for a period of at least three days.

MRCA means the *Military Rehabilitation and Compensation Act 2004*.

peritoneal adhesions—see subsection 7(2).

relevant service means:

- (a) eligible war service (other than operational service) under the VEA;
- (b) defence service (other than hazardous service and British nuclear test defence service) under the VEA; or
- (c) peacetime service under the MRCA.

specified list of inflammatory diseases means:

- (a) appendicitis;
- (b) cholecystitis;
- (c) diverticular disease of the colon with diverticulitis;
- (d) endometriosis;
- (e) inflammatory bowel disease;
- (f) pancreatitis;
- (g) pelvic inflammatory disease; or
- (h) another condition that causes serosal inflammation.

terminal event means the proximate or ultimate cause of death and includes the following:

- (a) pneumonia;
- (b) respiratory failure;
- (c) cardiac arrest;
- (d) circulatory failure; or
- (e) cessation of brain function.

VEA means the *Veterans' Entitlements Act 1986*.