

TABULATION OF OBSTETRIC CASES/PROCEDURES

| | Patient's age OB score Date admitted Date discharged Hospital Own or TTR | Admitting Diagnosis | Pre-op Diagnosis | Management Operation/ Procedure Done Date done | Indication for management and (if necessary) Justification* | Final Diagnosis | Outcome/ Histopathology Result |
|-------------|---|--------------------------------------|---|---|--|---|---|
| O B 1 | 28 G2P1 (1001) Feb 20, 2022 Feb 23, 2022 St. Victoria Own | PU 38 1/7 weeks CIL G1P0 | PU 38 1/7 weeks CIL G1P0 Dysfunctional labor: secondary arrest of cervical dilatation prob 2' CPD at inlet level | 1' Low segment Cesarean section/SAB Feb 20, 2022 | Obstructed labor | Pregnancy uterine, delivered by 1' LSCS for dysfunctional labor: secondary arrest of cervical dilatation prob 2' CPD at inlet level, term, cephalic, livebirth G1P1 (1001) (Dystocia) | Live baby girl, 3200g, AGA,39 weeks PA, APGAR 9-9 |
| O B 2 | | | | | | (Dystocia) | |
| O B 3 | | | | | | (Non-reassuring fetal status) | |
| O B 4 | | | | | | (Non-reassuring fetal status) | |
| O B 5 | | | | | | (Placental abnormalities) | |
| O B 6 | | | | | | (Placental abnormalities) | |

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|------------------|--|--|--|--|--|---|--|
| O B 7 | | | | | | (Fetal malpresentation) | |
| O B 8 | | | | | | (Fetal malpresentation) | |
| O B 9 | | | | | | (Fetal malpresentation) | |
| O B 1 0 | | | | | | (Other medical or obstetrical or other indication) | |
| O B 1 1 | | | | | | (Other medical or obstetrical or other indication) | |
| O B 1 2 | | | | | | (Other medical or obstetrical or other indication) | |
| O B 1 3 | | | | | | (Classical CS) | |
| O B 1 4 | | | | | | (Repeat LSCS) | |
| O B 1 5 | | | | | | (Repeat LSCS) | |

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|------------------|--|--|--|--|--|---|--|
| O B 1 6 | | | | | | (CS-Hysterectomy or Peripartum CS or TH with mole in situ) | |
| O B 1 7 | | | | | | (Tubal surgery for ectopic pregnancy) | |
| O B 1 8 | | | | | | (Tubal surgery for ectopic pregnancy) | |
| O B 1 9 | | | | | | (Tubal surgery for ectopic pregnancy) | |
| O B 2 0 | | | | | | (Indicated forceps delivery or vacuum extraction) | |
| O B 2 1 | | | | | | (Indicated forceps delivery or vacuum extraction) | |
| O B 2 2 | | | | | | (Vaginal birth after CS) | |
| O B 2 3 | | | | | | (Suction curettage or vaginal evacuation of H. mole) | |
| O B | | | | | | (Vaginal breech delivery) | |

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| 2 4 | | | | | | | |
| O B 2 5 | | | | | | (Indicated manual extraction of placenta case) | |

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DO NOT COPY THE PRE-OP DIAGNOSIS.

Must write the INDICATION for all procedures (e.g. CS with BTL: CS for Transverse lie, BTL for completed family size).

If necessary, add JUSTIFICATION if there is deviation from standard of care (e.g. CS with BTL at age 25 for a Gravidocardiac patient with cyanotic heart disease)

TABULATION OF GYNECOLOGIC CASES/PROCEDURES

| Patient's age OB score Date admitted Date discharged Hospital Own or TTR | | Admitting Diagnosis | Pre-op Diagnosis | Management Operation/ Procedure Done Date done | Indication for management and (if necessary) Justification* | Final Diagnosis | Outcome/ Histopathology Result |
|---|--|---|---|---|---|--|--|
| G Y N 1 | 48 G2P2 (2002) Feb 20, 2022 to Feb 23, 2022 St. Victoria Own | AUB-L _{SM} Moderate Anemia, probably multifactorial G2P2 (2002) | AUB-L _{SM} Moderate Anemia, probably multifactorial G2P2 (2002) | THBS/SAB Feb 21, 2023 | TH: Heavy menstrual bleeding with anemia Completed family size, not desirous of pregnancy BS: decrease risk of ovarian cancer | AUB-L _{SM} Anemia, probably multifactorial (Hysterectomy for Myoma or Adenomyosis) | Leiomyoma uteri, intramural with submucous component Proliferative endometrium, No diagnostic abnormality recognized, bilateral fallopian tubes |
| G Y N 2 | | | | | | (Hysterectomy for Myoma or Adenomyosis) | |
| G Y N 3 | | | | | | (Hysterectomy for Myoma or Adenomyosis) | |
| G Y N 4 | | | | | | (Hysterectomy for Myoma or Adenomyosis) | |
| G Y N 5 | | | | | | (Hysterectomy for Ovarian New Growth) | |

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|-------------------|--|--|--|--|--|---------------------------------------|--|
| G Y N 6 | | | | | | (Hysterectomy for Ovarian New growth) | |
| G Y N 7 | | | | | | (Hysterectomy for Ovarian new growth) | |
| G Y N 8 | | | | | | (Hysterectomy for other indication) | |
| G Y N 9 | | | | | | (Abdominal myomectomy) | |
| G Y N 10 | | | | | | (Vaginal hysterectomy) | |
| G Y N 11 | | | | | | (Adnexal surgery) | |
| G Y N 12 | | | | | | (Adnexal surgery) | |
| G Y N 13 | | | | | | (Adnexal surgery) | |
| G Y | | | | | | (Adnexal surgery) | |

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|-------------------|--|--|--|--|--|-------------------|--|
| N 14 | | | | | | | |
| G Y N 15 | | | | | | (Adnexal surgery) | |
| G Y N 16 | | | | | | (Adnexal surgery) | |
| G Y N 17 | | | | | | (Adnexal surgery) | |

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DO NOT COPY THE PRE-OP DIAGNOSIS.

Must write the INDICATION for all procedures (e.g. THBS: TH for anemia for heavy menstrual bleeding with submucous myoma, completed family size; BS to decrease risk for ovarian cancer).

If necessary, add JUSTIFICATION if there is deviation from standard of care (e.g. TH for hyperplasia without atypia due to poor compliance with medical management and monitoring)

TABULATION OF OTHER GYNECOLOGIC PROCEDURES

| Patient's age OB score Date admitted Date discharged Hospital Own or TTR | | Admitting Diagnosis | Pre-op Diagnosis | Management Operation/ Procedure Done/Anesthesia Date done | Indication for management and (if necessary) Justification* | Final Diagnosis | Outcome/ Histopathology Result |
|---|--|--|--|--|--|--|---|
| O T H 1 | 48 G21P1 (1001) Feb 18, 2022 Feb 20,2022 St. Victoria Own | AUB-O R/O Endometrial hyperplasia G2P1 (1001) | AUB-O R/O Endometrial hyperplasia G2P1 (1001) | Endometrial curettage/SAB Feb 18, 2022 | Manage acute heavy bleeding and biopsy of endometrial tissue | AUB-M G2P1 (1001) (Endometrial biopsy/curettage) | Endometrial hyperplasia without atypia |
| O T H 2 | | | | | | | |
| O T H 3 | | | | | | | |
| O T H 4 | | | | | | | |
| O T H 5 | | | | | | | |
| O T H 6 | | | | | | | |

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| O T H 7 | | | | | | | |
| O T H 8 | | | | | | | |

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DO NOT COPY THE PRE-OP DIAGNOSIS.

Must write the INDICATION for all procedures (e.g. Interval BTL with posterior colporrhaphy: BTL for completed family size; Posterior colporrhaphy for lax posterior vagina)

If necessary, add JUSTIFICATION if there is deviation from standard of care (e.g. Vaginal myomectomy for bleeding prolapsed myoma; no hysteroscopic resection of myoma pedicle due to lack of hysteroscopy equipment)