

## GUIDELINES FOR WRITING A JUSTIFICATION

For the **Tabulation of Cases**, particularly the **5th column on Indication and Justification for Management**, it is essential to provide a **clear, comprehensive, and well-reasoned justification** for each procedure performed. This includes both the **operation/procedure and the anesthesia used**.

### Key Points to Follow:

- ✓ **Justify All Procedures** – Every procedure listed must have a corresponding justification explaining why it was performed.
  - ✓ **Explain Deviations from Standard of Care** – A thorough explanation must be provided if the management differs from the usual or recommended approach.
  - ✓ **Avoid Repetition of the Pre-Operative Diagnosis** – The justification should **not** simply restate the diagnosis; it must explain why the procedure was necessary based on the patient's clinical condition.
  - ✓ **Do Not Leave This Column Blank** – Every case must have a clear justification; missing explanations are **not acceptable**.
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### Examples of Clinical Scenarios Requiring Thorough Justification:

#### 1 Removal of both ovaries in a premenopausal woman diagnosed with a benign gynecologic lesion

- Justify why bilateral oophorectomy was necessary despite the benign nature of the lesion. Consider patient risk factors (e.g., high risk for ovarian cancer, severe endometriosis, recurrence risk).

#### 2 Removal of an endometrial polyp that is not hysteroscopically guided

- Explain why hysteroscopic guidance was not used (e.g., unavailability of equipment, patient contraindications).

#### 3 Removal of the entire ovary for an endometriotic cyst or dermoid cyst in a premenopausal woman

- Justify why ovarian-sparing surgery was not performed. Consider the lesion's size, location, and recurrence and its impact on ovarian function.

#### 4 Performance of assisted vaginal delivery

- Indicate the specific indication (e.g., prolonged second stage, maternal exhaustion, fetal distress) and justify the choice of instrument used (vacuum vs. forceps).

#### 5 Performance of a cesarean section (CS) for a frank or complete breech in a multipara

- Justify why vaginal breech delivery was not pursued (e.g., fetal size, maternal pelvic adequacy, previous delivery history).

#### 6 Performance of a CS for obstructed labor

- Provide the clinical findings that confirmed obstruction (e.g., failure to progress despite adequate contractions, CPD on examination).

#### 7 Performance of a CS for non-reassuring fetal status

- Specify the fetal heart rate tracing abnormalities (e.g., prolonged deceleration, recurrent late decelerations, absent variability with decelerations).

#### 8 Performance of a CS for deteriorating maternal status

- Explain the maternal condition that warranted urgent delivery (e.g., severe preeclampsia, HELLP syndrome, sepsis).

#### 9 Performance of a classical CS

- Justify why a lower segment CS was not feasible (e.g., preterm fetus, lower uterine segment not well-formed, placenta previa).

#### 10 Repeat/2nd CS after 1st CS for non-obstructed labor or non-contracted pelvis

- Explain why a trial of labor after cesarean (TOLAC) was not attempted (e.g., uterine rupture risk, patient preference, inadequate monitoring facilities).

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#### Final Notes:

- Justifications should be based on **clinical guidelines, patient-specific factors, and intraoperative findings**.
- The explanation should be **concise yet comprehensive**, ensuring that reviewers understand the **rationale behind each decision**.
- **Document the clinical thought process** that led to the chosen management approach.

*Following these guidelines will properly fill the **Indication and Justification for Management** column with **accurate and well-supported explanations** for eac*