"आयुष्मान भारत–प्रधानमंत्री जन आरोग्य योजना"
साचीज
चतुर्थ तल, नव चेतना केन्द्र, 10 अशोक मार्ग, हजरतगंज, लखनऊ
SACHIS
☎ 0522 – 6671125 Fax No. – 6671128 email – uprsby@yahoo.co.in

Letter: AB-PMJAY/Advisory /2019/ 1543 Lucknow :Date 21 August, 2019

1- All Implementation Support Agencies
2- All Empanelled Health Care Providers

Sub :- Clinical Protocols for Hysterectomy Package

Dear colleagues,

We have received "Clinical Protocols for Hysterectomy Package" from National Health Authority, Govt of India. The same is being circulated to all concerned with direction to follow these guidelines. Any deviation or irregularity beyond these guidelines may lead to rejection of your claims.

Enclosure : as above

(Dr. B.K. Pathak)
GM, AB-PMJAY

Copy to : All Medical Auditors for information.

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21-08-19

Annexure 2- Clinical Protocols for Hysterectomy Package

STANDARD TREATMENT WORKFLOW (STW) FOR HYSTERECTOMY

- In women aged less than 40 and/or low parity it is mandatory to have a second opinion from a qualified gynecologist.
- Hysterectomy to be considered only when child bearing is completed & rarely in younger patients.
- Below mentioned are the indications for hysterectomy. The diagnosis made should be backed by clinical or USG findings and all required reports shall be uploaded

PART I: STANDARD TREATMENT WORKFLOW

Indications should corroborate with USG or clinical examination

1. Leiomyoma
    - Symptomatic fibroids especially if not responding to medical management
    - Asymptomatic fibroids greater than or equal to 14 weeks uterine size
    - Fibroid causing hydroureteronephrosis
    - Rapidly enlarging fibroids
    - Submucous myoma greater than 4cm
2. Heavy menstrual bleeding
    - Failed medical treatment given for at least 6 months.
3. Endometriosis
    - Failed medical treatment
    - Causing hydroureteronephrosis
    - Recurrence after failed medical/ conservative surgical management
4. Prolapse
    - Third or fourth degree utero vaginal prolapse
5. Pre - invasive diseases
    - Endometrial hyperplasia without atypia with failed medical treatment
    - Endometrial hyperplasia with atypia.
    - CIN II with poor compliance or CIN III
6. Adnexal masses : Need for hysterectomy to be individualized and justified
7. Recurrent post-menopausal bleeding (even in the absence of malignancy)

**Simple ovarian cysts less than 5 cm in size and without other significant/ suspicious features should be kept on observation and reviewed after 6 months*

Routes of Hysterectomy:

1. Abdominal hysterectomy
2. Vaginal hysterectomy
    - Pelvic organ prolapse
    - Non descent hysterectomy
3. Laparoscopic hysterectomy (In appropriately selected patients)

Contraindications:

1. White discharge per vaginum
2. Cervicitis
3. Non specific abdominal or pelvic pain
4. Minor degree of utero vaginal prolapse
5. Fibroids which are small (less than 5 cm)
6. Asymptomatic (less than 12 weeks size of uterus)
7. Simple ovarian cyst less than or equal to 5 cm

Pre-Operative Counselling And Informed Consent:

1. Need for hysterectomy
2. Alternative treatment options
3. Risks and benefits
4. Potential complications of the procedure
5. Removal/ conservation of ovaries & tubes
6. Route of hysterectomy
7. Possible need for post operative Hormone therapy in selected cases

Investigations:

1. Complete Blood Count
2. Blood grouping & cross matching
3. Fasting Blood Sugar & Post Prandial Blood Sugar
4. RFT/LFT
5. USG
6. Urine Routine & Microscopy
7. Electrocardiogram
8. X ray chest

Complications to be explained:

1. Risk of Infection
2. Bleeding (primary/ reactionary/ secondary)
3. Injury to bladder/ bowel/ ureter
4. Pain
5. Fever
6. Hernia (rare and late complication)

Follow Up:

1. Discharge summary with operative details
2. Review for histopathology report
3. Report if there is fever, bleeding or any other symptoms
4. Avoid lifting heavy weight for 8 weeks
5. Abstinence for eight weeks

3. **Hysterectomy ± Salpingo-oophorectomy**
   - Does the patient have h/o recurrent Uterine Fibroids/ Endometriosis/ Adenomyosis/ Heavy periods/ Vaginal prolapse/ Cancer/ Pelvic inflammatory disease?
   - Are documents Confirming the above indications available?
   - Is USG report of Abdomen and Pelvis Available?
   - Does USG report of abdomen and pelvis confirm the indication required for Hysterectomy ± Salpingo-oophorectomy?
   - Are operation theatre (OT) notes available?
   - Do Operative notes mention the details of the procedure and are intra operative findings confirming the indication Hysterectomy ± Salpingo-oophorectomy noted?
   - Is Post-op USG abdomen and Pelvis report available

4. **Caesarian hysterectomy**
   - Does the patient have a definitive indication for Caesarian Delivery Like- Absolute disproportion: Small maternal pelvis, Chorioamnionitis (amniotic infection syndrome), Maternal pelvic deformity, Eclampsia and HELLP syndrome, Fetal asphyxia or fetal acidosis, Umbilical cord prolapse, Placenta previa, Abnormal lie and presentation etc.? HELLP syndrome--H- hemolysis (breakdown of red blood cells), EL- elevated liver enzymes (liver function), LP- low platelets counts.
   - Is there documentary evidence of indication of caesarean? Either from USG report of Gravid uterus/ other reports like NST etc.?
   - Did the patient have a DEFINITIVE and ABSOLUTE indication for Hysterectomy?
   - Do the Operation theatre (OT) notes confirm the indication for the Caesarian Delivery? As well as of hysterectomy?
   - Does it show medications not related to package for which admitted?
   - Was the treatment rational and enough for patient's clinical condition?

5. **Radical Hysterectomy + Bilateral pelvic lymph node dissection + bilateral salpingo-ophorectomy (BSO) OR ovarian transposition**
   - Is the patient diagnosed as a case of utero-genital malignancy +/- involving fallopian tube and ovaries basis clinical features & CT/ MRI which requires Radical Hysterectomy + Bilateral pelvic lymph node dissection + bilateral salpingo ophorectomy (BSO) OR ovarian transposition?
   - Are the clinical documents and blood reports/imaging/ Biopsy report available for confirmation?
   - Do OT notes detail steps of the Surgery undergone and was the surgery successful?
   - Has the excised mass been sent for histopathological analysis? Details of the report?
   - Does it show medications not related to package for which admitted?
   - Was the treatment rational and enough for patient's clinical condition?

6. Adequate iron and calcium & Vitamin D3 supplements
7. Evaluate need for hormones in very selected patients

PART II: GUIDELINES FOR PROCESSING TEAM

Below mentioned documents shall be mandatorily uploaded by the hospital and the processor shall review them diligently.

1. **At the time of pre-authorization**: USG Abdomen + Pelvis and CT abdomen+ Pelvis
2. **At the time of claims submission**: Discharge summary, operative notes and histopathology report (for radical hysterectomy).

Below mentioned questions should be referred to while processing the claim

1. **Vaginal hysterectomy with anterior and posterior colpoperineorrhaphy**
   - Does the patient have indications of vaginal hysterectomy i.e. h/o Dysfunctinal uterine bleeding, Fibroid uterus, Adenomyosis, Chronic pelvic pain, Post- menopausal bleeding, Pyometra, Cervical dysplasia, Cervical polyp?
   - Does the patient have evidence of such genital prolapse so as to require both anterior and posterior colpoperineorrhaphy?
   - Are there documents available to confirm both?
   - Does the physical examination report confirm the above indication for Vaginal hysterectomy with anterior and posterior colpoperineorrhaphy?
   - Does USG/ other imaging report of abdomen and pelvis confirm the indication required for Non-descent vaginal hysterectomy?
   - Do OT notes details the steps of Vaginal hysterectomy with anterior and posterior colpoperineorrhaphy surgery and was the surgery was successful?
   - Does it show medications not related to package for which admitted
   - Was the treatment rational and enough for patient's clinical condition?

2. **Laparoscopic hysterectomy (TLH)**
   - Does the patient have relevant history of either multiple Uterine Fibroids or Endometriosis or Adenomyosis or severe DUB or 3 degree Vaginal prolapse or Cancer in situ or long standing Pelvic inflammatory disease?
   - Is the age of the patient consistent with the diagnosis?
   - Is documentary (incl USG/ biopsy) evidence confirming the above indications available?
   - Is 'Laparoscopic TLH' the ideal procedure for patient?
   - Do Operative notes mention details of the procedure?
   - Are intra operative findings confirming the indication for Laparoscopic hysterectomy (TLH) mentioned?
   - Is Histopathology of removed part done?
   - Is the medications related to package for which admitted?
   - Was the treatment rational and enough for patient's clinical condition?

PART III: GUIDELINES FOR TMS

A provision would be built in TMS where a pop-up will be thrown to the hospital if particulars of the patent do not match the package being blocked. This will help to omit the errors.

Below mentioned are the scenarios where pop-up will be thrown in case of hysterectomy –

- Sex = Male
- Age <40
- Parity < 2
- Youngest child is less than 5 years of age
- Hysterectomy already done in the past

Till the time the functionality is being developed, the processing doctors hall check the above manually.