



LOGBOOK FOR OBSTETRIC FISTULA SURGERY

Name: _____

Name of the Hospital: _____

Date: _____ to _____



Log Book Proforma

Name: _____

Age: _____ IP No.: _____

Address: _____

Parity: _____

Duration of Fistula: _____ Cause of Fistula: _____

Type of Fistula: _____

Pre-operative Counseling: Observed Under Supervision Done Independently

Pre-operative Preparations: Observed Under Supervision Done Independently

Pre-operative Examination: Observed Under Supervision Done Independently

Dye Test: Positive Negative

Route of Surgery: _____

Type of Surgery: _____

Surgery: Observed Assisted Performed Under Supervision Done Independently

Post-operative care: Observed Under Supervision Done Independently

Number Days of Catheterization: _____

Post Surgery Complication (if any): _____

Dye Test Before Discharge: Positive Negative

Outcome: _____

