

The Hong Kong College of Obstetricians and Gynaecologists



OG AUDIT GUIDELINES FOR CODING (2009 Version)

GENERAL INSTRUCTIONS

Study period for 2009 audit:

1st January 2009 to 31st December 2009

Cases for audit:

OBSTETRIC All deliveries with date of delivery within the study period

GYNAECOLOGY All episodes of hospital admission with date of admission within the study period

IMPORTANT Patient's I.D. number must be entered. The last two characters may be omitted eg. A12345X(X)

OBSTETRICS AUDIT FORM - HKCOG 2009

EXPLANATORY NOTES ON DATA ENTRY

Patient Identification

Name

I.D. No

Date of Delivery dd/mm/yy

Age Number with 2 digits in completed years

Status Resident / Non-Resident

Maternal death From conception up to 1 year after delivery

Antenatal, Medical / Surgical Complications

- Cardiac disease
1. No disease
 2. Rheumatic valvular disease
 3. Congenital heart disease
 4. Mitral valve prolapse
 5. Arrhythmia requiring treatment or regular cardiac treatment
 6. Others

- Diabetes mellitus
1. No disease
 2. Pre-existing DM – known DM before the indexed pregnancy disregarding treatment was instituted or not
 3. Gestational DM – DM diagnosed during pregnancy or postpartum by an OGTT
 4. Impaired glucose tolerance – IGT diagnosed during pregnancy or postpartum according to OGTT criteria used

Anaemia	Hb level <10g/dl at any time of gestation (thalassaemia without anaemia is EXCLUDED)
Renal disease	Disease of the urinary tract during pregnancy either <ul style="list-style-type: none"> a. with symptoms or b. with impaired renal function or c. requiring treatment d. asymptomatic bacteriuria is EXCLUDED
Liver disease	Liver diseases during pregnancy with impaired liver function
Respiratory disease	Only those requiring treatment during pregnancy or with impaired respiratory function Upper respiratory tract infection is EXCLUDED
Gastrointestinal biliary disease	Include only those requiring hospitalization and treatment
Epilepsy	Only those requiring treatment during pregnancy
Psychiatric disease	Only those requiring treatment during pregnancy
Immunological disease	Only those requiring treatment during pregnancy
Thyroid disease	Only those requiring treatment during pregnancy
Surgical disease	Major surgical conditions / laparotomy or major operations that require general anaesthesia during pregnancy or puerperium (except PPS)

Obstetric History & Complications

Parity Including liveborns and stillbirths after 24 weeks or over 500gm

Previous scar Including previous Caesarean section / myomectomy / hysterotomy / plastic operation / perforation of uterus requiring repair

Hypertension / eclampsia Severity :

1. No
2. Mild-DBP < 110mmHg AND no proteinuria
3. Severe-DBP \geq 110 mmHg AND/OR proteinuria

Classification :

1. Irrelevant
2. Eclampsia
3. Gestational hypertension
 - BP normal before 20 weeks and no previous history of hypertension
 - DBP \geq 110mmHg on any 1 occasion or \geq 90mmHg on 2 or more occasions at 4 hours apart
4. Gestational proteinuria (proteinuria \geq 300mg per 24 hours; or 2 MSU / CSU collected \geq 4 hours apart with 1 g/1; or 2+ or more on reagent strips)

Hypertension / eclampsia Classification :

5. Gestational proteinuric hypertension
6. Chronic hypertension with proteinuria
7. Chronic hypertension with superimposed preeclampsia – proteinuria developing for the first time during pregnancy
8. Unclassified – BP unknown before 20 weeks

Antepartum haemorrhage Bleeding per vaginum from the 24th week to the time of delivery

1. No
2. APH of unknown origin – including those with “show” but not going into labour within 72 hours
3. Placenta praevia – including those who do not bleed
4. Accidental haemorrhage – including those with no revealed bleeding
5. Other causes

ECV Performance of external cephalic version

Threatened preterm labour Diagnosed or suspected to have labour before 37 weeks of gestation which does not proceed to delivery either spontaneously or after tocolytic therapy

Use of tocolytics Use of tocolytic agent(s) to suppress preterm labour

Use of steroid Use of antenatal steroid to enhance fetal lung maturity

Information About Labour

Onset of labour	Definition	- a retrospective diagnosis - regular contractions with cervix at least 3cm dilated or there is progressive cervical effacement or dilatation over 4 hours
Induction of labour	An obstetric procedure designed to preempt the natural process of labour by initiating its onset artificially before this occurs spontaneously Indications :	<ol style="list-style-type: none">1. Maternal diseases / conditions<ol style="list-style-type: none">(I) DM / GDM / IGT(II) Maternal medical / surgical condition2. Bad obstetric history3. Antenatal / obstetric complications<ol style="list-style-type: none">(I) Prolonged pregnancy(II) Hypertensive disease(III) PROM / intrauterine infection(IV) Antepartum haemorrhage(V) Multiple pregnancy4. Fetal and cord conditions<ol style="list-style-type: none">(I) Suspected IUGR / IUGR(II) Intrauterine death(III) Severe fetal abnormality(IV) Suboptimal antepartum cardiotocography5. Others
Augmentation of labour	The use of synthetic oxytocin to accelerate labour process after it is already begun and that its quality of progress is unsatisfactory – use of amniotomy is NOT counted as augmentation	
Duration of labour	Summation of first stage and second stage (if any) of labour to the closest number of hours. Enter 1 if duration <1 hour	

Postnatal Complications

PPH (choose at most 3)	Bleeding over 500ml within 24 hours of delivery Causes
	1. Uterine atony
	2. Retained POG
	3. Injuries to genital tract
	- ruptured uterus
	- cervical tear
	- vaginal tear
	- perineal wound
	4. Genital haematoma
	5. Uterine inversion
	6. DIC
	7. Others

Uterine rupture / scar dehiscence Includes dehiscence of previous scar with no PPH

Hysterectomy Include those performed up to 6 weeks postpartum

Puerperal pyrexia Temperature >38 degree C within 14 days of delivery

Information About Delivery

Mode of delivery	1. Spontaneous vertex delivery
	2. Ventouse extraction
	3. Forceps delivery
	4. Breech delivery
	5. Lower segment Caesarean section
	6. Classical Caesarean section
	7. Unknown
	8. Others

BBA Presentation / lie at delivery	Birth before arrival 1. Vertex 2. Breech 3. Brow 4. Face 5. Oblique lie 6. Transverse lie 7. Compound presentation 8. Others
Indications for instrumental delivery (maximum 3 indications)	1. Maternal diseases / conditions - maternal disease complicating pregnancy - maternal distress 2. Past obstetrical history - previous Caesarean section 3. Antenatal / obstetric complications e.g. hypertension 4. Fetal and cord conditions - fetal distress (except cord prolapse) - cord prolapse / presentation 5. Labour and delivery problems - prolonged second stage - after-coming head of breech is EXCLUDED 6. Others
Indications for Caesarean section (maximum 3 indications)	1. Maternal disease / conditions - GDM / DM / IGT - maternal disorders 2. Past obstetrical history - previous sections / uterine scar - bad obstetrical history 3. Antenatal / obstetric complications - antepartum haemorrhage - hypertensive disorders - multiple pregnancy

Indications for Caesarean section (maximum 3 indications)	4.	Fetal and cord conditions
	-	fetal distress
	-	cord prolapse / presentation
	-	suspected IUGR / IUGR
	-	suspected macrosomia
	5.	Labour and delivery problems
	-	abnormal lie / presentation
	-	failure to progress
	-	cephalopelvic disproportion
	-	contracted / unfavourable pelvis
	-	failed instrumental delivery
	-	tumour / congenital anomaly of genital tract
	-	failed induction – cervix fails to reach 3cm
	6.	Others
	-	elderly mother / infertility
	-	social reason
	-	others

Information About the Baby

Gestation	In completed weeks according to best estimate
Birth weight	Weight in grams
Apgar score	Range 0 – 10, or unknown
Fetal outcome	<ol style="list-style-type: none"> 1. Alive and no neonatal death 2. Stillbirth (fetus born without sign of life at or after 24 weeks of gestation, or with birth weight over 500 gm when gestation is uncertain) <ul style="list-style-type: none"> - antepartum - intrapartum - undetermined – mother is already in labour on admission and fetal heart not detected (evidence of

Fetal outcome	<p>fetal viability is accepted only if obtained by a medical / midwifery staff)</p> <p>3. Neonatal death</p> <ul style="list-style-type: none"> - early (up to 6 days 23 hours 59 minutes) - later (from 7 days to 27 days 23 hours 59 minutes)
Cause of stillbirth / NND	<p>Choose only one of the following</p> <ol style="list-style-type: none"> 1. Congenital anomaly 2. Isoimmunisation 3. Pregnancy-induced hypertension 4. Antepartum haemorrhage 5. Mechanical 6. Maternal disorder 7. Others 8. Unexplained 9. Uninvestigated
Contributory factor to NND	<ol style="list-style-type: none"> 1. Congenital anomaly 2. Haemolytic disease of newborn 3. Intrauterine hypoxia / birth asphyxia 4. Birth trauma 5. Respiratory distress / conditions 6. Intracranial haemorrhage 7. Infection 8. Miscellaneous 9. Unclassifiable
Congenital anomalies Birth trauma (choose at most 3)	<p>Only include those significant ones detected before discharge</p> <ol style="list-style-type: none"> 1. Cephalhaematoma 2. Soft tissue trauma e.g. laceration 3. Subaponeurotic haemorrhage 4. Intracranial haemorrhage 5. Fractures 6. Nerve injuries 7. Visceral injuries

Major
infections

1. Meningitis
2. Pneumonia
3. Septicaemia
4. Other major infections

RDS

Respiratory distress syndrome

IVH

Intraventricular haemorrhage

NEC

Necrotising enterocolitis

GYNAECOLOGY AUDIT FORM 2009

I. Principles in coding diagnosis

1. If an operation was performed on the patient, the pathological diagnosis should be coded. If an operation was not performed, the MOST PROBABLE clinical diagnosis should be coded.
2. Significant changes in the diagnosis noted after the audit form had been filled can be amended by submitting a second audit form marked with the patient's name, I.D. number, date of admission, the correct diagnosis code and remark "AMENDED FORM"
3. Minor incidental finding which was asymptomatic and did not require treatment SHOULD NOT be coded.
4. Non-gynaecological conditions which were not related to the cause of admission SHOULD NOT be coded.
5. Cases of malignancy should be denoted as NEW or OLD case for each episode of hospitalization.
6. Complications which occurred as a result of treatment in the same unit should be coded separately from complications of treatment performed in another unit.

II. Definition of diagnosis

1. Disseminated malignancies and the primary site could not be confirmed, the diagnosis would be coded as L2.
2. For diagnoses under Disorders of Menstruation, known causes should be coded as well if found.
3. Primary amenorrhoea should be coded as I3 and secondary amenorrhoea (duration of amenorrhoea more than 6 months) as I4

irrespective of the cause. If there was a known cause, it should also be coded e.g. primary amenorrhoea due to vaginal atresia should be coded as I3 and B3; secondary amenorrhoea due to tuberculous endometritis should be coded as I4 and D5.

4. Postmenopausal bleeding is defined as genital tract bleeding occurred 1 year after the last menstrual period. If there is an organic cause, it should also be coded as well, e.g. postmenopausal bleeding with endometrial polyp should be coded as I6 and D10.
5. Genital warts should be quoted as infection of the organ involved, e.g. vulval warts should be coded as A5 and cervical warts as C5
6. Dysfunctional uterine bleeding is defined as heavy, prolonged or frequent bleeding of uterine origin in the absence of demonstrable pelvic disease, complications of pregnancy or systematic disease. Menorrhagia is defined as heavy and prolonged menstruation at regular intervals.

Diagnosis

- A. Diseases of Vulva, Perineum and Urethra
 2. Miscellaneous
 3. Congenital abnormality
 4. Trauma
 5. Infection (including Bartholin's abscess)
 6. Benign neoplasm
 7. Malignant neoplasm
 8. Retention cyst
 9. Vulval dystrophy (hypertrophic or non-hypertrophic dystrophy, intraepithelial neoplasia)
 10. Urethral lesions

- B. Diseases of Vagina
 - 2. Miscellaneous
 - 3. Congenital abnormality
 - 4. Trauma (excluding fistula)
 - 5. Infection
 - 6. Benign neoplasm
 - 7. Malignant neoplasm
 - 8. Retention cyst
 - 9. Fistula
 - 10. Intraepithelial neoplasia
 - 11. Atrophic vaginitis

- C. Diseases of Uterine Cervix
 - 2. Miscellaneous
 - 3. Congenital abnormality
 - 4. Trauma
 - 5. Infection
 - 6. Benign neoplasm including polyp
 - 7. Carcinoma of cervix
 - 8. Other malignant neoplasm
 - 9. Intraepithelial neoplasia

- D. Diseases of Uterine Body
 - 2. Miscellaneous
 - 3. Congenital abnormality
 - 4. Trauma including perforation of uterus
 - 5. Infection
 - 6. Fibromyoma
 - 7. Carcinoma of corpus uteri
 - 8. Other malignant neoplasm
 - 9. Myohyperplasia of uterus
 - 10. Endometrial polyp
 - 11. Adenomyosis
 - 12. Hyperplasia of endometrium
 - 13. Atrophic endometritis

- E. Diseases of Fallopian Tubes
 - 2. Miscellaneous
 - 3. Acute pelvic inflammatory disease (acute salpingitis, acute salpingo-oophoritis, pyosalpinx and tubo-ovarian abscess)
 - 4. Chronic pelvic inflammatory disease (chronic salpingitis, chronic salpingo-oophoritis, hydrosalpinx and tubo-ovarian cyst)
 - 5. Tuberculous salpingitis
 - 6. Benign neoplasm
 - 7. Malignant neoplasm

- F. Diseases of Ovary
 - 2. Miscellaneous
 - 3. Retention cysts, follicular / corpus luteal cyst
 - 4. Endometriotic cyst
 - 5. Benign ovarian tumour / cyst
 - 6. Primary malignant neoplasm – epithelial
 - 7. Primary malignant neoplasm – non-epithelial
 - 8. Secondary malignant neoplasm
 - 9. Borderline malignant neoplasm
 - 10. Dermoid cyst
 - 11. Polycystic ovarian disease / syndrome

- G. Diseases of Broad Ligaments and Pelvic Peritoneum
 - 2. Miscellaneous
 - 3. Pelvic endometriosis
 - 4. Paraovarian/paratubal cyst
 - 5. Peritoneal carcinoma
 - 6. Recto-vaginal endometriosis

- H. Genital displacement / Urinary Disorders
 - 2. Miscellaneous
 - 3. Prolapse of uterus
 - 4. Anterior vaginal wall prolapse (cystocele, urethrocele, paravaginal defect)
 - 5. Genuine stress incontinence

6. Detrusor instability
 7. Vault prolapse
 8. Detrusor hyperreflexia
 9. Sensory urgency
 10. Voiding difficulty
 11. Other urinary disorders
 12. Posterior vaginal wall prolapse (enterocele, rectocele perineal deficiency)
- I. Disorders of Menstruation (*Causes should be coded as well if found*)
2. Miscellaneous
 3. Primary amenorrhoea
 4. Secondary amenorrhoea
 5. Dysfunctional uterine bleeding
 6. Postmenopausal bleeding
 7. Dysmenorrhoea
 8. Menorrhagia
- J. Disorders of Pregnancy & Reproduction
2. Miscellaneous
 3. Subfertility
 4. Vomiting in pregnancy
 5. Threatened miscarriage
 6. Spontaneous / Silent miscarriage
 7. Complete hydatidiform mole
 8. Partial hydatidiform mole
 9. Residual trophoblastic disease
 10. Metastatic malignant trophoblastic neoplasia, chorioepithelioma, placental site trophoblastic tumour
 11. Secondary postpartum haemorrhage
 12. Other postpartum complications
 13. Ectopic pregnancy
 14. Conditions leading to termination of pregnancy – 1st trimester (≤ 12 weeks)
 15. Conditions leading to termination of

- pregnancy – 2nd trimester (>12 weeks)
16. Condition leading to sterilization/tubal occlusion
 17. Pregnancy after sterilization/tubal occlusion
- K. Disease Complications in Pregnancy
2. Benign neoplasm of genital tract
 3. Malignant neoplasm of genital tract
 4. Medical disease
 5. Surgical disease
 6. Non-specific abdominal pain complicating pregnancy
- L. Miscellaneous Gynaecological Conditions
2. Miscellaneous
 3. Retained IUCD
 4. Abdominal or pelvic pain of unknown cause
 5. Complication of previous treatment / procedure performed in the same unit (outpatient or inpatient)
 6. Complication of previous treatment / procedure performed outside the unit
 7. Translocated IUCD
- M. Miscellaneous Conditions
1. No disease identified
 2. Miscellaneous
 3. Diseases of breasts
 4. Diseases of urinary tract
 5. Diseases of gastrointestinal tract
 6. Diseases of cardiovascular system
 7. Diseases of respiratory system
 8. Diseases of central nervous system
 9. Diseases of endocrine
 10. Diseases of blood
 11. Diseases of skin / musculoskeletal system

III. Coding for operations / treatment

1. All operative procedures should be coded e.g. salpingectomy after diagnostic laparoscopy should be coded as E3 and A9.
2. Medical treatment for ectopic pregnancy using methotrexate should be coded as K7. If subsequent surgery (e.g. laparoscopic salpingectomy) is also required, the exact procedure should also be quoted (K7 and E17).
3. Medical treatment for miscarriage using prostaglandins should be coded as K5. If subsequent evacuation of uterus is also required, the treatment should be quoted as K5 and I5.
4. Dilatation and Curettage (D&C) or obtaining endometrium with a curette should be quoted as I3. Any other form of endometrial biopsy using special designed device such as endometrial sampler or Vabra aspirator should be quoted as I10.
5. Surgery for pre-malignant conditions should be quoted under "Benign and Pre-Malignant Conditions", not under "Malignant Conditions".
6. Salpingo-oophorectomy, oophorectomy or salpingectomy performed at the time of hysterectomy should be quoted separately.
7. Debulking operation (B7) is defined as removal of gross tumour from sites other than uterus, tubes and ovaries (i.e. beyond a hysterectomy and salpingo-oophorectomy). Removal of tumour bulk in POD in addition to a TAHBSO should be coded as B7, B3 & B9. Omentectomy (B13) for gross tumour in the omentum however should be coded as both B7 & B13.
8. For laparoscopic surgery for endometriosis, if the disease, including ovarian cyst wall, is cauterised with electrosurgery or vapourised with laser, it should be coded as laparoscopic ablation of

- endometriosis (E21). If the disease is excised, it should be coded as laparoscopic resection of endometriosis (E31) or laparoscopic ovarian cystectomy in case of endometriotic cyst (E14).
9. For laparoscopic hysterectomy, **LAVH (E10)** (Laparoscopic-assisted vaginal hysterectomy) refers to a combined laparoscopic and vaginal approach with division of uterine artery performed vaginally. **LH (E29)** (Laparoscopic hysterectomy) refers to a combined laparoscopic and vaginal approach with laparoscopic division of the uterine artery; the remainder of the procedure is completed vaginally. **TLH (E30)** (Total laparoscopic hysterectomy) refers to entire operation performed laparoscopically, including suturing of the vaginal vault.
 10. Robotic assisted surgery is considered as laparoscopic surgery and should be coded as E32 together with the exact procedure performed. For example, robotic assisted radical hysterectomy and pelvic lymph node dissection should be coded as E32, E27, E23.
 11. If LNG-LUS is inserted for treatment of menorrhagia, adenomyosis or endometriosis, i.e, for non-contraceptive purpose, it should be coded as I12. However, if LNG-LUS is inserted for contraceptive purpose, it should be coded as I11.

Treatment

- A. Benign and Pre-Malignant Conditions – Major Abdominal Operations
 2. Miscellaneous
 3. Total hysterectomy
 4. Subtotal hysterectomy
 5. Repair of urinary fistulae
 6. Myomectomy

7. Ovarian cystectomy
8. Oophorectomy / salpingo-oophorectomy
9. Salpingectomy
10. Salpingotomy / Salpingostomy
11. Surgery for stress incontinence
12. Adhesiolysis / tuboplasty
13. Drainage of pelvic abscess
14. Surgery for genital prolapse
15. Extended hysterectomy
16. Ureteric repair / reimplantation
17. Bowel resection / anastomosis / stoma

B. Malignant Conditions – Major Abdominal Operations

2. Miscellaneous
3. Total hysterectomy
4. Subtotal hysterectomy
5. Radical hysterectomy
6. Pelvic exenteration
7. Debulking operation
8. Extended hysterectomy
9. Oophorectomy / salpingo-oophorectomy
10. Pelvic lymphadenectomy / lymph node sampling
11. Para-aortic lymphadenectomy / lymph node sampling
12. Laparotomy alone ± biopsy
13. Omentectomy
14. Trachelectomy
15. Ureteric repair / reimplantation
16. Bowel resection / anastomosis / stoma

C. Major Vaginal Operations

2. Miscellaneous
3. Surgery for urinary incontinence
4. Vaginal hysterectomy
5. Vaginal hysterectomy with repair of prolapse

6. Repair of vaginal prolapse
7. Repair of urinary fistulae
8. Vaginal myomectomy
9. Vaginectomy
10. Vaginal stripping
11. Vaginal reconstruction
12. Repair of vault prolapse
13. TVT-O/TVT/TOT

D. Major Vulval Operations

2. Miscellaneous
3. Radical vulvectomy
4. Simple vulvectomy
5. Wide local excision
6. Groin node dissection

E. Endoscopic Procedures

2. Miscellaneous
3. Diagnostic laparoscopy \pm chromotubation
4. Laparoscopic sterilization / tubal occlusion
5. Other laparoscopic procedures
6. Diagnostic hysteroscopy
7. Endometrial resection / ablation
8. Other hysteroscopic procedures
9. Cystoscopy
10. Laparoscopic assisted vaginal hysterectomy (LAVH)
11. Laparoscopic assisted subtotal hysterectomy (LASH)
12. Laparoscopic myomectomy
13. Laparoscopic myolysis
14. Laparoscopic ovarian / paraovarian cystectomy
15. Laparoscopic oophorectomy / salpingo-oophorectomy
16. Laparoscopic ovarian drilling
17. Laparoscopic salpingectomy
18. Laparoscopic salpingotomy / salpingostomy

19. Laparoscopic colposuspension
20. Laparoscopic adhesiolysis
21. Laparoscopic ablation of endometriosis
22. Laparoscopic drainage of abscess
23. Laparoscopic pelvic lymph node dissection
24. Hysteroscopic polypectomy
25. Hysteroscopic myomectomy
26. Laparoscopic repair of genital prolapse
27. Laparoscopic radical hysterectomy
28. Laparoscopic para-aortic lymph node dissection
29. Laparoscopic hysterectomy (LH)
30. Total laparoscopic hysterectomy (TLH)
31. Laparoscopic resection of endometriosis
32. Robotic assisted surgery (the exact procedures need to be coded as well)

F. Colposcopy Related Procedures

2. Miscellaneous (including cervical biopsy)
3. Cervical cautery / cryotherapy / cold coagulation
4. Laser vaporization of cervical / vaginal / vulval lesions
5. Laser cone
6. Loop diathermy excision
7. Cone biopsy

G. Assisted Reproduction Procedures

2. Miscellaneous
3. Ultrasound guided oocyte retrieval
4. Laparoscopic oocyte retrieval
5. Gamete intrafallopian transfer
6. Pronuclear stage tubal transfer
7. Embryo transfer
8. Controlled ovarian hyperstimulation
9. Intrauterine insemination
10. Intra-cytoplasmic sperm injection

- H. Minor Abdominal Operation
 - 2. Miscellaneous
 - 3. Tubal ligation /occlusion
 - 4. Resuturing of abdominal wound

- I. Other Minor Operations
 - 2. Miscellaneous
 - 3. Diagnostic curettage (including avulsion of polyp)
 - 4. Therapeutic abortions (suction evacuation)
 - 5. Evacuation of retained products of conception (including suction evacuation of silent / incomplete miscarriage, post-medical evacuation)
 - 6. Marsupialization
 - 7. Cervical cerclage
 - 8. Other minor vulval operations (including evacuation of vulval haematoma, vulval biopsy)
 - 9. E.U.A.
 - 10. Endometrial biopsy
 - 11. Insertion / Removal of IUCD
 - 12. Insertion of LNG-IUS for non-contraceptive purposes

- J. Radiotherapy
 - 2. Miscellaneous
 - 3. Intracavitary radium / cesium
 - 4. External irradiation

- K. Other Forms of Treatment
 - 2. Miscellaneous
 - 3. Observation and investigation
 - 4. Antibiotic as primary treatment
 - 5. Prostaglandins
 - 6. Hormones (O.C. progestogens, danazol, GnRHa)

7. Chemotherapy
8. Other medication
9. Pre-anaesthetic assessment
10. Uterine artery embolization
11. MR guided focused ultrasound therapy