



Medically Necessary Sterilizations Performed in 2015

As required by law(Penal Code Section 3440), the following medically necessary sterilizations were performed in calendar year 2015.

This information includes the age, race, medical necessity and procedure performed on the patient.

Age	Ethnicity	Primary Diagnosis Description (Medical Justification)	Primary Procedure Description
71	Hispanic	Malignant neoplasm of corpus uteri, except isthmus	Other and unspecified total abdominal hysterectomy
48	Black	Leiomyoma of uterus, unspecified	Other and unspecified total abdominal hysterectomy
33	White	Mild dysplasia of cervix	Other and unspecified total abdominal hysterectomy
35	White	Other and unspecified ovarian cyst	Other unilateral oophorectomy
51	White	Abdominal or pelvic swelling mass or lump	Other and unspecified total abdominal hysterectomy
42	White	Malignant neoplasm of colon, unspecified site	Other and unspecified total abdominal hysterectomy
23	Hispanic	Secondary malignant neoplasm of retroperitoneum and peritoneum	Laparoscopic removal of remaining ovary and tube
45	Black	Leiomyoma of uterus, unspecified	Other and unspecified total abdominal hysterectomy
32	Hispanic	Neoplasm of uncertain behavior of ovary	Other local excision or destruction of ovary
31	Hispanic	Leiomyoma of uterus, unspecified	Other and unspecified total abdominal hysterectomy