



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

Medically Necessary Sterilizations Performed in 2019

As required by law (Penal Code Section 3440), the following medically necessary sterilizations were performed in calendar year 2019. This information includes age, race, medical necessity and procedure performed on the patient.

Age	Ethnicity	ICD Primary Diagnosis Description (Medical Justification)	ICD Primary Procedure Description
69	White	Uterovaginal prolapse, unspecified	Vaginal hysterectomy, w/tube/ovary
50	Black	Abnormal uterine and vaginal bleeding, unspecified	Total hysterectomy
44	Black	Endometriosis of uterus	Laparoscopy with removal of tube(s) and/or ovary(s)
32	Black	Intramural leiomyoma of uterus	Total hysterectomy
51	Mexican	Complete uterovaginal prolapse	Vaginal hysterectomy, hernia repair
37	Korean	Other specified conditions associated with female genital organs and menstrual cycle	Removal of ovary/oviduct(s)
43	Black	Endometriosis, unspecified	Laparoscopy with removal of tube(s) and/or ovary(s)
28	White	Chronic salpingitis	Laparoscopy w/remov adnexal structures
41	Black	Leiomyoma of uterus, unspecified	Laparoscopy, surgical, with total hysterectomy
53	Black	Unspecified ovarian cyst, left side	Laprsncpy w/remov adnexal structures
50	Mexican	Intramural leiomyoma of uterus	Total hysterectomy