



Medically Necessary, Potentially Sterilizing Procedures Performed in 2022.

As required by law (Penal Code Section 3440), the following medically necessary, potentially sterilizing procedures were performed in calendar year 2022. This information includes age, race, medical necessity and procedure performed on the patient.

Age	Race	ICD Primary Diagnosis Description (Medical Justification)	ICD Primary Procedure Description	Additional Context
49	Mexican	Intramural leiomyoma of uterus	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less.	Medically necessary. Symptomatic fibroid with extremely heavy irregular menses and symptomatic anemia. Not intended for sterilization.
56	Black	Benign neoplasm of right ovary	Laparoscopy, surgical; with removal of adnexal structures	Medically necessary. Right ovary/fallopian tube with 10 cm cystic teratoma causing pelvic pain; multi-fibroid uterus. Prior bilateral tubal ligation. No risk of sterilization.
30	Hispanic	Malignant neoplasm of endometrium	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less.	Medically necessary. Endometrial cancer. Ovaries retained. Not intended for sterilization.
41	Black	Malignant neoplasm of left ovary	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy.	Medically necessary. Metastatic endocervical cancer. Not intended for sterilization.
61	Black	Malignant neoplasm of left ovary	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy.	Medically necessary. Metastatic ovarian cancer. No risk of sterilization.
40	Hispanic	Benign neoplasm of right ovary	Removal of ovary(s)	Medically necessary. Bilateral ovary/fallopian tube hemorrhagic cysts causing pelvic pain. History of multiple ovarian cyst removals. Not intended for sterilization.