Reference Determination Content

Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.

Peritoneal Adhesions

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 5 February 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 5 February 2025;
- An aug 1971 and 20 September 1971 by the field hospital records and physician consultation, South Vietnam;
- A cardiology review by the physician, dated 14 November 1972;
- An operation report by the gynaecologist, dated 12 March 1979;
- An operation report and microbiology by the forward surgical team, East Timor, dated 18 December 1999;
- A bronchoscopy and respiratory consultation by the respiratory physician, dated Dec 2001;
- Hospital admission records by the bougainville, dated 10 March 2002;
- An operation report and histopathology by the solomon islands, dated 22 September 2003;
- An operation report by the neurosurgeon, dated 11 February 2004;
- A colonoscopy and histopathology by the gastroenterologist, dated Mar 2004;
- A CT abdomen and pelvis by the radiologist, dated 12 October 2004;
- An operation report by the general surgeon, dated 16 February 2005;
- A jun 2005 to Nov 2005 by the radiation oncology and colorectal surgery records;
- An operation report by the peritoneal malignancy surgeon, dated 21 August 2006;
- Peritoneal dialysis records by the renal physician, dated 2 October 2006;
- A procedure report by the interventional radiologist, dated 14 May 2007;
- An operation report and histopathology by the general surgeon, dated 18 July 2007.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

12 January 1970 and 30 June 2008

Peritoneal Adhesions

You have stated that your condition was caused by:

- *having peritonitis at least 3 days before clinical onset*
- *having one of the following diseases at least 3 days before clinical onset: appendicitis*
- *having one of the following diseases at least 3 days before clinical onset: cholecystitis*
- *having one of the following diseases at least 3 days before clinical onset: diverticulitis*
- *having one of the following diseases at least 3 days before clinical onset: endometriosis*
- *having one of the following diseases at least 3 days before clinical onset: inflammatory bowel disease*
- *having one of the following diseases at least 3 days before clinical onset: pancreatitis*
- *having one of the following diseases at least 3 days before clinical onset: pelvic inflammatory disease*
- *having intra-abdominal or pelvic surgery at least 3 days before clinical onset*
- *having penetrating trauma to the abdomen that enters the peritoneal cavity at least 3 days before clinical onset*
- *undergoing a course of ablative radiotherapy for cancer, where the abdominopelvic region was in the field of radiation, at least 3 days before clinical onset*
- *having a bacterial, fungal or Echinococcus granulosus infection involving the peritoneal cavity at least 3 days before clinical onset*
- *having a perforation of the hollow viscus into the peritoneal cavity at least 3 days before clinical onset*
- *undergoing peritoneal dialysis for at least 6 months duration before clinical onset*
- *undergoing intraperitoneal chemotherapy with cisplatin, oxaliplatin, carboplatin, 5-fluorouracil, mitoxantrone (mitozantrone), or mitomycin C at least 3 days before clinical onset*
- *having a primary or secondary malignant neoplasm involving the peritoneum at least 3 days before clinical onset*
- *having an ovarian dermoid cyst rupturing into the peritoneum at least 3 days before clinical onset*
- *having a ventriculoperitoneal shunt at least 3 days before clinical onset*
- *having hernia mesh inserted in the abdomen at the site of the subsequent peritoneal adhesions at least 3 days before clinical onset*
- *having a retained surgical sponge at least 3 days before clinical onset*

- *taking practolol for at least 1 year before clinical onset*

Diagnosis: Peritoneal Adhesions

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 5 February 2025, and is supported by an operation report and histopathology by the general surgeon, dated 18 July 2007.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Peritoneal Adhesions (Balance of Probabilities) (No. 10 of 2025)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *having peritonitis at least 3 days before clinical onset*
- *having one of the following diseases at least 3 days before clinical onset: appendicitis*
- *having one of the following diseases at least 3 days before clinical onset: cholecystitis*
- *having one of the following diseases at least 3 days before clinical onset: diverticulitis*
- *having one of the following diseases at least 3 days before clinical onset: endometriosis*
- *having one of the following diseases at least 3 days before clinical onset: inflammatory bowel disease*
- *having one of the following diseases at least 3 days before clinical onset: pancreatitis*
- *having one of the following diseases at least 3 days before clinical onset: pelvic inflammatory disease*
- *having intra-abdominal or pelvic surgery at least 3 days before clinical onset*
- *having penetrating trauma to the abdomen that enters the peritoneal cavity at least 3 days before clinical onset*
- *undergoing a course of ablative radiotherapy for cancer, where the abdominopelvic region was in the field of radiation, at least 3 days before clinical onset*
- *having a bacterial, fungal or Echinococcus granulosus infection involving the peritoneal cavity at least 3 days before clinical onset*
- *having a perforation of the hollow viscus into the peritoneal cavity at least 3 days before clinical onset*
- *undergoing peritoneal dialysis for at least 6 months duration before clinical onset*
- *undergoing intraperitoneal chemotherapy with cisplatin, oxaliplatin, carboplatin, 5-fluorouracil, mitoxantrone (mitozantrone), or mitomycin C at least 3 days before clinical onset*
- *having a primary or secondary malignant neoplasm involving the peritoneum at least 3 days before clinical onset*

- *having an ovarian dermoid cyst rupturing into the peritoneum at least 3 days before clinical onset*
- *having a ventriculoperitoneal shunt at least 3 days before clinical onset*
- *having hernia mesh inserted in the abdomen at the site of the subsequent peritoneal adhesions at least 3 days before clinical onset*
- *having a retained surgical sponge at least 3 days before clinical onset*
- *taking practolol for at least 1 year before clinical onset*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with colicky central abdominal pain, abdominal distension, vomiting and absolute constipation, consistent with small bowel obstruction, after several weeks of post-prandial bloating and intermittent pain.Since the adhesiolysis you have had recurrent episodes of subacute obstruction, chronic abdominal pain, early satiety, weight loss and altered bowel habit, requiring a low-residue diet on 14 July 2007.

The diagnosis was confirmed at laparotomy on 18 July 2007, where the surgeon found dense fibrous adhesions between small bowel loops, the omentum and the parietal peritoneum and a fibrous membrane encasing the small bowel. These are abnormal fibrous bands resulting from an inflammatory reaction of the peritoneum and include encapsulating peritoneal sclerosis, meeting the Statement of Principles definition of peritoneal adhesions. They were acquired, not congenital.

This has then led to further investigations and the diagnosis of your condition of *Peritoneal Adhesions*. I have accepted your condition of *Peritoneal Adhesions*.

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that this condition is related to your peacetime service.

I have therefore accepted that this condition is related to your service with effect from 14 July 2007.

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