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.

Right Scrotum - Suture Abscess (Post - vasectomy)

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 3 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 3 June 2025;
- A periodic health examination and pathology by the medical officer, dated 14 October 2008;
- A pre-operative microbiology report by the garrison health facility, dated 18 February 2010;
- A medical consultation by the medical officer, dated 22 February 2010;
- An operation report by the defence-contracted surgeon, dated 2 March 2010;
- A patrol medic record by the combat medic, Afghanistan, dated 12 March 2010;
- A patrol base medical record by the medical officer, Afghanistan, dated 22 March 2010;
- An ultrasound report (operation report and microbiology) by the surgeon, Role 3 hospital, dated 6 April 2010;
- A wound review by the medical officer, dated 28 April 2010.

Your service

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

11 July 1998 and 5 December 2016

Right Scrotum - Suture Abscess (Post - vasectomy)

You have stated that your condition was caused by:

- *undergoing a surgical procedure involving incision of the scrotal skin and placement of suture material within the 6 weeks before the clinical onset of suture abscess*
- *having braided or non-absorbable suture material placed in the affected site before the clinical onset of suture abscess*
- *having diabetes mellitus at the time of the clinical onset of suture abscess*
- *being obese at the time of the clinical onset of suture abscess*
- *smoking tobacco products in an amount of at least 10 cigarettes per day, or the equivalent, for at least the 1 year before the clinical onset of suture abscess*
- *having a haematoma at the operative site within the 4 weeks before the clinical onset of suture abscess*
- *undertaking heavy lifting, load carriage or other strenuous physical exertion within the 14 days after the surgical procedure and before the clinical onset of suture abscess*
- *wearing occlusive or wet clothing in hot or humid conditions, with limited access to bathing, for the majority of the 14 days before the clinical onset of suture abscess*
- *having skin or nasal colonisation with Staphylococcus aureus at the time of the surgical procedure*
- *taking a systemic corticosteroid at a dose of at least 7.5 milligrams of prednisolone equivalent per day for at least the 2 weeks before the clinical onset of suture abscess*

Diagnosis: Suture Abscess (Post - vasectomy)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 3 June 2025, and is supported by a patrol base medical record by the medical officer, Afghanistan, dated 22 March 2010.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Reasonable Hypothesis - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *undergoing a surgical procedure involving incision of the scrotal skin and placement of suture material within the 6 weeks before the clinical onset of suture abscess*
- *having braided or non-absorbable suture material placed in the affected site before the clinical onset of suture abscess*
- *having diabetes mellitus at the time of the clinical onset of suture abscess*
- *being obese at the time of the clinical onset of suture abscess*
- *smoking tobacco products in an amount of at least 10 cigarettes per day, or the equivalent, for at least the 1 year before the clinical onset of suture abscess*

- *having a haematoma at the operative site within the 4 weeks before the clinical onset of suture abscess*
- *undertaking heavy lifting, load carriage or other strenuous physical exertion within the 14 days after the surgical procedure and before the clinical onset of suture abscess*
- *wearing occlusive or wet clothing in hot or humid conditions, with limited access to bathing, for the majority of the 14 days before the clinical onset of suture abscess*
- *having skin or nasal colonisation with Staphylococcus aureus at the time of the surgical procedure*
- *taking a systemic corticosteroid at a dose of at least 7.5 milligrams of prednisolone equivalent per day for at least the 2 weeks before the clinical onset of suture abscess*

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 increasing pain, redness and swelling at the right scrotal incision, with a tender lump and a protruding suture knot, and a low-grade fever on 22 March 2010.

The diagnosis was made clinically on 22 March 2010 by the medical officer, who found a tender, fluctuant swelling with erythema around a protruding suture knot at the right vasectomy incision, with low-grade fever, 20 days after the procedure. These are the features of a suture abscess.

This has then led to further investigations and the diagnosis of your condition of *Suture Abscess (Post - vasectomy)*. I have accepted your condition of *Suture Abscess (Post - vasectomy)*.

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

I have therefore accepted that this condition is related to your service with effect from 21 March 2010.

Right Scrotum - Suture Abscess (Post - vasectomy) (Worsening)

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 3 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 3 June 2025;
- A periodic health examination and pathology by the medical officer, dated 14 October 2008;
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- A patrol medic record by the combat medic, Afghanistan, dated 12 March 2010;
- A patrol base medical record by the medical officer, Afghanistan, dated 22 March 2010;
- An ultrasound report (operation report and microbiology) by the surgeon, Role 3 hospital, dated 6 April 2010;
- A wound review by the medical officer, dated 28 April 2010.

Your service

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

11 July 1998 and 5 December 2016

Right Scrotum - Suture Abscess (Post - vasectomy) (Worsening)

You have stated that the worsening of your condition was caused by:

- *undertaking heavy lifting, load carriage or other strenuous physical exertion after the clinical onset and before the clinical worsening of suture abscess*
- *having diabetes mellitus at the time of the clinical worsening of suture abscess*
- *wearing occlusive or wet clothing in hot or humid conditions, with limited access to bathing, for the majority of the 14 days before the clinical worsening of suture abscess*
- *inability to obtain appropriate clinical management for suture abscess*

Diagnosis: Suture Abscess (Post - vasectomy) (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 3 June 2025, and is supported by a patrol base medical record by the medical officer, Afghanistan, dated 22 March 2010.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Reasonable Hypothesis - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *undertaking heavy lifting, load carriage or other strenuous physical exertion after the clinical onset and before the clinical worsening of suture abscess*
- *having diabetes mellitus at the time of the clinical worsening of suture abscess*
- *wearing occlusive or wet clothing in hot or humid conditions, with limited access to bathing, for the majority of the 14 days before the clinical worsening of suture abscess*
- *inability to obtain appropriate clinical management for suture abscess*

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 increasing pain, redness and swelling at the right scrotal incision, with a tender lump and a protruding suture knot, and a low-grade fever on 22 March 2010.

The diagnosis was made clinically on 22 March 2010 by the medical officer, who found a tender, fluctuant swelling with erythema around a protruding suture knot at the right vasectomy incision, with low-grade fever, 20 days after the procedure. These are the features of a suture abscess.

After the condition arose, it was worsened during your service. After onset you continued foot patrols carrying a 35-kilogram load from 22 March to 5 April 2010, before the worsening documented on 6 April 2010, because no replacement signaller was available. Capillary glucose readings of 13 to 17 mmol/L were recorded from 22 March to 5 April 2010, and HbA1c was 8.9 per cent on 6 April 2010, at the time the abscess worsened. From 22 March to 5 April 2010 you remained in the field in temperatures above 30 degrees in sweat-soaked clothing, with showers only every four to five days, within the 14 days before the worsening on 6 April 2010. Surgical review and drainage were requested on 22 March 2010 but were not available at the patrol base and aeromedical movement was not approved until the abscess had enlarged to 6 cm with groin cellulitis on 6 April 2010.

This has then led to further investigations and the diagnosis of your condition of *Suture Abscess (Post - vasectomy) (Worsening)*. I have accepted your condition of *Suture Abscess (Post -*

vasectomy) (Worsening).

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes that the worsening of this condition is related to your wartime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 6 April 2010.

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