Manual M-2, Clinical Affairs/Programs. Part I, General

Chapter 9, Specialized Treatment (Paragraphs 9.01 through 9.08)
Revises Chapter 9 dated June 1, 1965

This document includes:

Memorandum, dated **July 23, 1985**
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Annotated to reflect Changes 23, 29, and 42
Text for Chapter 9, paragraphs 9.05 through 9.06.2a(2), dated **January 30, 1959** (Change 10)
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Annotated to reflect Change 58 (February 28, 1975)

Transmittal sheet located at the end of the document:
Change 58, dated **February 28, 1975**

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Change 42, dated **March 27, 1970**
Change 29, dated **February 8, 1967**
Change 23, dated **June 1, 1965**
Change 15, dated **October 5, 1961**
Change 10, dated **January 30, 1959**
Change 2, dated **March 27, 1956**
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Veterans Administration

Memorandum

Date:

From: Actg. ACMD for Clinical Affairs (11)

Subj: Redesignation of Manual M-2

To: Director, Regulations and Publications (10A1B)

VA Department of Medicine and Surgery Manual M-2, "Professional Services," has been redesignated as VA Department of Medicine and Surgery Manual M-2, "Clinical Affairs."

HOWARD D. COHN, M.D.

APPROVED/DISAPPROVED:

JOHN W. DITZLER, M.D.
Chief Medical Director

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June 1989

M–2 MANUALS

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Part III	Dietetic Service
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DEPARTMENT OF VETERANS AFFAIRS

PROGRAMS

CLINICAL AFFAIRS GENERAL

M-2, Part I

February 9, 1990

Veterans Health Services and
Research Administration
Washington, DC

Department of Veterans Affairs
Veterans Health Services and
Research Administration
Washington, DC

February 9, 1990

Department of Veterans Affairs, Veteran Health Services and Research Administration Manual M-2, "Clinical Affairs," Part I, "General," is published for the compliance of all concerned.

John A. Gronvall, MD.
JOHN A. GRONVALL, M.D.
Chief Medical Director

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VHA Supplement MP-1, Part I, Chapter 2, Section A and Appendices D and E, change 43, dated October 27, 1987 (Effective October 1, 1992).
VHA Supplement MP-1, Part I, Chapter 2, Section A, change 44, dated July 26, 1991 (Effective October 1, 1992).
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2. **LIMITED RESCISSIONS**

The following material is rescinded insofar as it pertains to this manual.

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a. **Manuals** - Continued

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CHAPTER 9. SPECIALIZED TREATMENT

9.01 GENERAL

a. The Chief Medical Director will, when indicated, designate certain VA stations which are specially staffed and equipped to perform various highly specialized treatment procedures in the following categories: [(Listings of stations so designated, as well as any changes thereto will be published from time to time.)] (See Prof. Serv. Ltr. 61-62)

(1) Corneal transplants.

(2) Exposed eye implants.

(3) Fenestration, [Stapes Mobilization, Tympanoplasty and Myringoplasty operations.]

(4) Plastic and maxillo-facial surgery.

(5) [Spinal cord injury.]
(6) Open Heart Surgery
[ ]

(Chg. 23)

a.1 A request for designation in any of the above categories will be forwarded by the [ ] Director to the Area Medical Director; such request will include the recommendation of the Deans Committee, if one exists, and will also include the names of the professional personnel who will be responsible for the therapeutic procedures. The Area Medical Director will then forward the request, together with his comments, and those of the Area Consultant when one is available in the specialty concerned, to the Chief Medical Director. Whenever a station which has been designated in one of the above categories no longer has personnel qualified to perform the specialized treatment for which approval had been granted, Central Office will be promptly informed in order that appropriate action may be taken as indicated by the circumstances.

b. Any authority granted within the scope of this chapter will remain in effect until such time as the Chief Medical Director shall authorize its modification or withdrawal.

9.02 SPINAL CORD INJURY (See Ltr. 10-63-3[illegible])

Chg. 42

a. In order to meet the specific therapeutic requirements of segregated groups of spinal cord injury patients, organizational segments at the level of a service or section of a major service will be authorized by the Chief Medical Director at selected VA hospitals or centers with hospital activities which are specially staffed and equipped therefor.

b. At such time as a patient with spinal cord injury who has been under treatment at one of these stations has reached a stage in his recovery where he no longer requires the specialized facilities of that station, consideration will be given to the transfer of this patient, if medically feasible, to an appropriate hospital nearest his home, or if suitable, to a domiciliary center.

c. The treatment of intercurrent conditions or the accomplishment of indicated clinical and/or laboratory examinations involving spinal cord injury beneficiaries will be effected by admission to an appropriate hospital nearest the home of the beneficiary concerned, provided such hospitalization is medically indicated and administratively feasible.

9.03 [(Deleted by change 15.)]

Deleted by Chg. 29

~~9.04 CENTRAL [REHABILITATION SECTION FOR VISUALLY IMPAIRED AND]~~ BLINDED VETERANS

a. General. The Central [Rehabilitation Section for Visually Impaired and] Blinded Veterans, [Physical Medicine and Rehabilitation Service,] VA Hospital, Hines, Illinois, will provide [specialized rehabilitation services for veterans with severely

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impaired vision and blindness. The section will be specially staffed and equipped to teach skills and guide the formation of attitudes essential to living with little or no sight. The hospital will also provide medical, surgical, and neuropsychiatric treatment needed to support or promote the specialized rehabilitation process. By special arrangement with the Department of Defense, members of the Armed Forces on active duty status may be admitted to this section upon request by the military authority.

(1) The primary aim of the program will be to prepare veterans to make the personal and social adjustments required of regular community life.

(2) The program will provide an opportunity for skill and habit training and for attitude-conditioning for performance under permanent conditions of little or no sight, it will also include any improvements in visual efficiency which may be accomplished with or without optical aids.

(3) A less intensive program will be provided for veterans who, because of age and/or chronic illness in addition to visual loss, can be expected to achieve only limited adjustment.]

b. Eligibility for Admission [and Transfer]

(1) [ ] VA Regulations 6046, 6047, and [6049] contains the criteria for admission or transfer of service-connected or nonservice-connected veterans and other beneficiaries to this program and the order of priority.

(2) [Beneficiaries will be considered eligible whose vision measures as follows:] Central visual acuity of 20/200 or less in the better eye with [ordinary] corrective glasses, [or better than] 20/200 if there is a field defect in which the [ ] widest diameter of the visual field subtends an angular distance of no greater than 20 degrees in the better eye.

(3) [Beneficiaries may be considered eligible for admission to this section even though they are not hospitalized at the time of application and they are not in need of hospitalization for any condition other than faulty reorganization or adjustments to severe loss of vision.]

(4) [The Director, VA Hospital, Hines, Illinois, is delegated final authority for determining the acceptability of beneficiaries for whom applications have been submitted.]

c. [Procedure for Initiating Applications for Transfer or Direct Admission to VA Hospital, Hines, Illinois

(1) The Director and concerned members of his staff at any VA station providing treatment or care, or having contact with a veteran whose visual measurements meet the above criteria, will:

(a) Review the needs of each such veteran in terms of the possible benefits to personal and social adjustment which may accure from participation in this program.

(b) Counsel with veteran on benefits he may expect to gain from this program, when deep, long-range review indicates need of such rehabilitation.

(c) When appropriate, prepare and submit an application for the veteran directly to the Director, VA Hospital, Hines, Illinois. The application will consist of the following:

1. Covering letter carrying brief summary of events leading up to the submission of the application.

2. Executed VA Form 10-P-10, Application for Hospital Treatment or Domiciliary Care. (Not required if veteran is hospitalized in VA hospital--will be forwarded with other records at time patient is transferred.)

3. Executed VA Form 10-2731, Request for Administrative and Adjudicative Action. (Not required if veteran is hospitalized in VA hospital--will be forwarded with other records at time patient is transferred; service-connected status will be included in covering letter required in subpar. 1 above.)

4. General physical examination report.

5. Special ophthamological examination report, including visual acuity, fields, and prognosis.

6. Psychiatric examination report, including appraisal of the effects upon his attitude of severe visual impairment or blindness.

7. Social Work Service report, including survey of adjustments before and after severe visual loss occurred; also, an appraisal of the effects of the condition upon other persons with whom he associates closely.

(2) The Director, VA Hospital, Hines, may request further information or clarification of reports.

(3) Upon receipt of the application, the Director, VA Hospital, Hines, will determine the acceptability of the applicant and select a reporting date.

(a) When the veteran is scheduled for admission, the Director, VA Hospital, Hines, will issue appropriate travel orders and necessary meal, lodging, and transportation requests to the appropriate field station, for the veteran and for such attendant travel as may be indicated.

(b) The Department of Defense will furnish transportation for members of the Armed Forces on active duty (and attendant if indicated) who are scheduled for admission.

(4) In connection with the above, field station Directors or their designated personnel are authorized to communicate directly with the Director at Hines.]

[c.1 Miscellaneous

(1) Veterans and field station personnel are advised that patients admitted to the program should contemplate a 4-month stay. Length of program varies with individuals, but it cannot be accurately predicted until participation is well underway at Hines.

(2) It should be emphasized that veterans are inpatients while participating in the program. Although family members may be encouraged to accompany veterans on the trip to Hines when an attendant is indicated, they should not plan to stay in the Chicago area. There are no housing facilities on the hospital grounds available to them; furthermore, preoccupation with the welfare of family members living in temporary circumstances nearby seriously detracts from the full attention which the veteran can give to his rehabilitation.

(3) Veterans who are undergoing rehabilitation ordinarily will not dress in hospital clothing. They will bring to the hospital appropriate clothing for work and dress occasions. Much self-dependent walking is part of

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the program and veterans will come well provided with comfortable shoes. The program includes outdoor activities and veterans will be instructed to bring clothing appropriate for the type of weather which will prevail in the Chicago area during their stay.

(4) Dog guides will not accompany veterans to Hines when they report there for this rehabilitation program.]

d. [Quarterly] Report of Service-Connected Blinded Veterans and Blinded Military Personnel, Admitted to VA Hospital, Hines, Illinois

(1) VA Hospital, Hines, Illinois, will furnish the following data [quarterly, effective for the period July 1 through September 30, 1961, and for each quarter thereafter:]

(a) Name and service number of each blinded military patient who was admitted during the report period to

1. The hospital section for ophthalmological treatment, if, after completion of treatment, the patient may be eligible for admission to the Central [Rehabilitation Section for Visually Impaired and Blinded Veterans] for rehabilitation purposes.

2. The Central [Rehabilitation Section for Visually Impaired and Blinded Veterans] either through transfer from the hospital section at Hines, or from the military. If the patient was previously reported in the category described in subparagraph 1 above, indicate by placing an asterisk (*) to the right of his name.

(b) Name and C-number of each blinded veteran who was admitted during the report period to

1. The hospital section for ophthalmological treatment, if, after completion of treatment, the patient may be eligible for admission to the Central [Rehabilitation Section for Visually Impaired and Blinded Veterans] for rehabilitation purposes.

2. The Central [Rehabilitation Section for Visually Impaired and Blinded Veterans] either through transfer from the hospital section at Hines, or from any other VA station. If the patient was previously reported in the category described in either subparagraph (a)1 or (a)2 above, indicate by placing an asterisk (*) to the right of his name.

(c) For each veteran who refused to report to the Central [Rehabilitation Section for Visually Impaired and Blinded Veterans] during the report period after being notified to do so, give the following information:

1. Name.

2. C-number.

3. Home address.

4. Diagnoses (primary; other, if applicable).

5. VA station where veteran's records are maintained, if not at Hines.

6. Reason for refusal, if known.

(d) For each veteran for whom admission was requested but who was refused admission to the Central [Rehabilitation Section for Visually Impaired and Blinded Veterans] during the report period, give the following information:

1. Name.

2. C-number.

3. Home address.

4. Diagnoses (primary; other, if applicable).

5. VA station where veteran's records are maintained, if not at Hines.

6. Reason veteran was refused admission (e.g., patient's mental state not conducive to participation in training curriculum, or patient not able to accept state of permanent blindness and therefore not ready for rehabilitation training, etc.).

(2) The report will be prepared [for the quarterly period], and will include activity for the [preceding 3 months.] The report, in duplicate, will be forwarded to Central Office not later than the 5th workday following the close of the report period addressed:

Department of Medicine and Surgery [(117)]
Veterans Administration Central Office
Washington 25, D.C.

(3) The following format will be utilized in the reporting of veterans who refused to report to the Central [Rehabilitation Section for Visually Impaired and Blinded Veterans] after being notified to do so (subpar. (1)(c) above) and veterans who were refused admission to the Central [Rehabilitation Section for Visually Impaired and Blinded Veterans] (subpar. (1)(d) above).

(4) Reports Control Symbol 10CB-30 has been assigned to this report.

Reg 0-29 (2-8-67)

SERVICE-CONNECTED BLINDED VETERANS
NOT ADMITTED TO [CR SECTION]

Name and Address of Veteran	C-Number	Diagnoses (Primary, Other)	Station Maintaining Veteran's Records	Reason for Not Entering [CR Section]
Veterans who refused admission to [CR Section] (subpar. d(1)(c)				
John Q. Smith 4972 - 7th St. St. Louis, Mo.	333,740	Blindness	RO, St. Louis, Mo.	Veteran decided not to enter unit because it is too far from home.
Veterans who were refused admission (subpar. d(1)(d))				
William C. Jones 6942 Main St. Albuquerque, N. Mex.	123,456	Blindness Psychotic	H, Albuquerque, N. Mex.	Patient considered unsuitable for training because of mental state.

No form will be provided or reproduced for this purpose.

FIGURE 1

Service-Connected Blinded Veterans Not Admitted to [CR Section]

9.05 EXPOSED EYE IMPLANTS

a. The hospitals designated to perform the exposed eye implant operation will be located in proximity to the VA plastic eye and restoration clinics. It is required that all plastic eye prostheses for this type implant be fabricated in the VA plastic eye and restoration clinic located nearest to each hospital designated to perform the implant operation.

b. It is emphasized that a veteran does not have to accept this type of implant, and it is further required that the veteran be informed concerning the possible unfavorable results which may arise. There shall be no insistence that VA beneficiaries accept this operative procedure.

c. Prior to transfer to one of the designated hospitals equipped and staffed to perform this specialized treatment the necessary forms will be completed for consent to the operative procedure and willingness of the veteran-patient to accept the followup procedures, including the necessary travel. There should be a written indication that the veteran-patient has been fully informed regarding the possibility of an unfavorable outcome. It is required that a yearly followup on each case be obtained for a full 5-year period. The importance of maintaining accurate records on exposed eye implants cannot be overemphasized as maintenance of such records will afford a controlled study of a new approach in ophthalmological surgery.

d. The foregoing subparagraphs are not to be interpreted as precluding field stations which are prepared to use completely buried implants from continuing the use of this type of prosthesis. The use of buried implants is limited to those implants which are completely covered by orbital tissues, Tenon's capsule, and conjunctiva, and does not include implants which in any manner are placed so that there is continuity with or exposure on the exterior surface.

9.06 FENESTRATION OPERATION FOR DEAFNESS DUE TO CLINICAL OTOSCLEROSIS

a. The clinical record on any individual for whom fenestration operation is contemplated will include:

(1) A complete general medical history and general physical examination.

(2) A detailed history pertaining to the deafness, and a complete, ear, nose, throat, and nasopharyngeal examination. The history will include a summary of the previous treatment for deafness.

(3) Laboratory reports including a satisfactory hemogram and serological test for syphilis.

(4) Roentgenograms of the mastoids.

(5) Three preoperative audiometric studies, both air and bone conduction, taken not less than 2 days apart and within 3 months of the time that the operation is to be performed.

(6) Tuning fork tests--Weber, Rinne, and Schwabach--using 512 and 1024 forks.

b. Admission will be arranged to the nearest VA hospital with adequate facilities to perform this operation.

c. The area consultants in otolaryngology will determine the adequacy of facilities for this operation in other than VA hospitals. In such instances the clinical record as outlined in subparagraph a above and the name of the proposed surgeon will be submitted to the Area Consultant for his approval.

d. The postoperative clinical record will include bilateral pure tone audiometric tests done once each 2 months during the first 6 months after operation, and one each 6 months for $1\frac{1}{2}$ years thereafter. These may be copies of audiograms done elsewhere if such services can be more economically and just as effectively provided by an otolaryngologist nearer the veteran's place of residence.

e. All contracts with surgeons for the performance of fenestrations on veterans at VA expense will be negotiated only after the patient's clinical record and the proposed surgeon have been investigated and approved by the respective Area Consultant in otolaryngology.

(1) A maximum fee of $300 will be paid to the surgeon for his services which will include the operation, regardless of whether or not it is performed in a VA hospital, and the postoperative treatment of the operated ear for a period of 2 years.

(2) If, in a particular locality, it is impossible to obtain the services of an approved surgeon for the stipulated fee of $300, application justifying a larger fee may be made to the Chief Medical Director.

[9.06.1 STAPES MOBILIZATION OPERATION FOR DEAFNESS DUE TO CLINICAL OTOSCLEROSIS]

[a. The clinical record on any individual for whom a stapes mobilization operation is contemplated will include:

(1) A complete general medical history and general physical examination.

(2) A detailed history pertaining to the deafness, and a complete ear, nose, throat, and nasopharyngeal examination. The history will include a summary of the previous treatment for deafness.

(3) Laboratory reports including a satisfactory hemogram and serological test for syphilis.

(4) Roentgenograms of the mastoids.

(5) Three preoperative audiometric studies, both air and bone conduction, taken not less than 2 days apart and within 3 months of the time that the operation is to be performed.

(6) Tuning fork tests--Weber, Rinne, and Schwabach--using 512 and 1024 forks.]

[b. Admission will be arranged to the nearest VA hospital with adequate facilities to perform this operation.]

[c. The postoperative clinical record will include bilateral pure tone audiometric tests done once each 2 months during the first 6 months after operation, and one each 6 months for $1\frac{1}{2}$ years thereafter. These may be copies of audiograms done elsewhere if such services can be more economically and just as effectively provided by an otolaryngologist nearer the veteran's place of residence.]

[9.06.2 MYRINGOPLASTY AND TYMPANOPLASTY]

[a. The clinical record on any individual for whom a tympanoplastic operation is contemplated will include:

(1) A complete general medical history and general physical examination.

(2) A detailed history pertaining to the deafness, and a complete ear, nose, throat, and nasopharyngeal examination. The history will include a summary of the previous treatment for deafness.

(3) Laboratory reports including a satisfactory hemogram and serological test for syphilis.

(4) Roentgenograms of the mastoids.

(5) Three preoperative audiometric studies, both air and bone conduction, taken not less than 2 days apart and within 3 months of the time that the operation is to be performed.

(6) Tuning fork tests--Weber, Rinne, and Schwabach--using 512 and 1024 forks.

b. Admission will be arranged to the nearest VA hospital with adequate facilities to perform this operation.

c. The postoperative clinical record will include bilateral pure tone audiometric tests done once each 2 months during the first 6 months after operation, and one each 6 months for $1\frac{1}{2}$ years thereafter. These may be copies of audiograms done elsewhere if such services can be more economically and just as effectively provided by an otolaryngologist nearer the veteran's place of residence.

9.07 CINEPLASTIC SURGERY

a. Cineplastic surgery of any type will be limited to surgeons authorized by the Chief Medical Director.

b. Before a field station refers a service-connected case to the nearest region authorized to perform such operations, a brief medical summary of the patient and the indications for the cineplasty should be forwarded to the authorized surgeon for his review. Transfer of the patient for surgery will only be effected after the authorized surgeon has reviewed the case and has deemed the patient an acceptable candidate. Non-service-connected cases will not be referred to authorized surgeons. A brief medical summary as well as a statement regarding the patient's financial ability and willingness to maintain a cineplastic prosthesis will be forwarded to the Department of Medicine and Surgery (121) for consideration. Instructions concerning the final disposition of these cases will be given the field station by the Chief Medical Director.

[9.08 OPEN HEART SURGERY

a. The Department of Medicine and Surgery will establish, in certain selected hospitals, facilities for open heart surgery. These hospitals will be sufficient in number to care for the projected patient load and geographically located to conform to the VA population spread.

b. Hospitals will be designated by the Chief Medical Director with careful regard to the following specific criteria:

(1) Close and active affiliation of the hospital with an approved medical school program of research and service in open heart surgery.

(2) Adequate space and equipment; these will include, not only operating rooms, but laboratories--diagnostic cardio-angiographic, clinical, and research.

(3) A surgical team, trained in a recognized heart surgery program, with additional competence gained in the research laboratory.

(4) A supporting medical cardiopulmonary service, qualified and effective in both pre- and post-operative screening and care.

(5) Availability of trained personnel and adequate facilities to provide the necessary specialized postoperative care.

by change 58

by change 58

(6) Ability to carry out not less than one open heart surgical procedure per week. Local management will be responsible for insuring that the case load does not exceed the capability of the hospital.

c. The program envisions the early establishment of a number of facilities in those hospitals now performing significantly large numbers of open heart surgical procedures, with subsequent designation of additional hospitals over a 3-year period. A tentative selection of such hospitals has been made with the recommendation of the Area Medical Directors and these stations will be individually notified. General notice of hospitals selected as having open heart surgery facilities will be released as they become operational. The Department of Medicine and Surgery will continually review and evaluate the open heart surgery program, modifying it as indicated.

d. Hospitals not designated for open heart surgery will transfer such cases to the nearest established facility. This policy is not intended to preclude the continuation of existing contractual or other arrangements under which certain VA hospitals are providing open heart surgery either by transfer to patients to affiliated university hospitals or by employment of qualified university teams at the VA hospital.]

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Department of Medicine and Surgery
Veterans Administration
Washington, D.C. 20420

February 28, 1975

Part I, "General, "VA Department of Medicine and Surgery Manual M-2, "Professional Services," is changed as indicated below:

NOTE: The purpose of this change is to rescind paragraph 9.08, "Open Heart Surgery." Change 21, M-2, part XIV, being distributed concurrently with this issue, adds Chapter 8, "Cardiac Surgery."

Pages 9-9 and 9-10: Delete paragraph 9.08.

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FD

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M-2, Part I
Change 42

March 27, 1970

Part I, "General," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is changed as indicated below:

NOTE: The purpose of this change is to add Chapter 19, "Spinal Cord Injury," outlining the policies and procedures of the Spinal Cord Injury program. Information concerning professional support, equipment, and space will be published in a program guide at a later date.

Page vi: Delete "9.02 Spinal Cord Injury - - - - 9-1".

Pages vii and viii: Remove these pages and substitute pages vii and viii attached. (Ch. 19 added.)

Page 9-1: Delete paragraph 9.02.

Pages 19-1 and 19-2 and 19A-1: Insert these pages attached. (Ch. 19 added.)

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February 8, 1967

Part I, "General," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is changed as indicated below:

NOTE: The purpose of this change is to add Chapter 18, "Blind Rehabilitation," which outlines the policies and procedures of the Blind Rehabilitation program. Chapter 9, paragraph 9.04, this part, which formerly covered this treatment program, is being deleted.

chg 37 Page vi, under "FIGURE" delete "1 Service-Connected Blinded Veterans Not Admitted to CR Section - - - - - 9-6".

chg 37 Page vii: Remove this page and substitute pages vii and viii attached. (Ch. 18 added to Contents page.)

Pages 9-1 through 9-6: Delete paragraph 9.04 and figure 1.

Pages 18-1 through 18-8: Insert these pages attached. (Ch. 18 added.)

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M-2, Part I
Change 23

June 1, 1965

Part I, "General," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is changed as indicated below:

NOTE: The purpose of this change is to add a new paragraph on open heart surgery.

Chg 37 Page iii, paragraph 1c.1: Add "Cir. 10-65-33".

Chg 37 Page vi

Paragraph 9.07, under "PAGE": Delete "9-8a and insert "9-9".

Under paragraph 9.07: Add "9.08 Open Heart Surgery - - - - - - - - 9-9".

Page 9-1, paragraph 9.01a: Add "(6) Open heart surgery."

Page 9-8a: Remove this page and substitute pages 9-9 and 9-10 attached. (Par. 9.08 added.)

Joseph H. McNinch
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Distribution: Same as M-2, part I
FD DVB Publications Code 1024

10E

M-2, Part I
Change 15

Department of Medicine and Surgery
Veterans Administration
Washington 25, D.C.

October 5, 1961

Part I, "General," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is changed as indicated below:

NOTE: The purpose of this change is as follows:

a. To add chapter 1 defining organizational responsibility.

b. To reduce the number of categories listed in paragraph 9.01, within which VA stations are designated by the Chief Medical Director as being specially staffed and equipped to perform highly specialized treatment procedures, to reflect progressive trends in medical care.

c. To revise paragraph 9.04 to bring its provisions in line with current thinking.

d. To eliminate appendix A listing designated stations in order to simplify dissemination of required information to the field.

e. To add chapter 13, "General Post Fund."

chg 37 — Pages v and vi: Remove these pages and substitute pages v and vi attached. (Contents brought up to date.)

chg 46 — Page 1-1: Insert new page attached. (Ch. 1 added.)

Pages 9-1 through 9-6: Remove these pages and substitute pages 9-1 through 9-6 attached. (Pars. 9.01a and a.1, 9.04 and fig. 1 changed; par. 9.02 changed as directed by change 10; par. 9.03 deleted; par. 9.04c.1 added.)

Page 13-1: Insert new page attached. (Ch. 13 added.)

Pages A-1 through A-10: Remove these pages. (App. A deleted.)

Wm. S. Middleton

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Distribution:

Same as M-2, Part I

Department of Medicine and Surgery
Veterans Administration
Washington 25, D. C.

M-2, Part 1
Change 10

January 30, 1959

Part I, "General," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is changed as indicated below:

NOTE: The purpose of this change is to:

1. Add two new paragraphs, 9.06.1, "Stapes Mobilization for Deafness Due to Clinical Otosclerosis," and 9.06.2, "Myringoplasty and Tympanoplasty."

2. Reflect changes in terminology from "paraplegia" to "spinal cord injury," as appropriate.

3. Reflect changes in the appendix, as indicated.

Page v, under chapter 9

Paragraph 9.02: Delete "Traumatic Paraplegia" and insert "Spinal Cord Injury".

Between paragraphs 9.06 and 9.07 insert:

"9.06.1 Stapes Mobilization Operation for Deafness due to Clinical Otosclerosis- - - - - - - - - - - - - - - -9-8

9.06.2 Myringoplasty and Tympanoplasty - - - - - - - - - - -9-8

Page 9-2, paragraph 9.02

Title: Delete "TRAUMATIC PARAPLEGIA" and insert "SPINAL CORD INJURY".

Subparagraph a, line 2: Delete "traumatic paraplegic patients, paraplegia" and insert "spinal cord injury patients,".

Subparagraph b, line 1: Delete "paraplegic or quadriplegic" and insert "patient with spinal cord injury".

Subparagraph c

Line 2: Delete "paraplegic or quadriplegic" and insert "spinal cord injury".

Line 3: Delete "paraplegic" and insert "beneficiary".

Pages 9-7 and 9-8: Remove these pages and substitute pages 9-7 through 9-8a attached. (Pars. 9.06.1 and 9.06.2 added; par. 9.07 reflects new routing system.)

Page A-4, paragraph 6: In alphabetical sequence by city add: "VAH, Madison, Wis."

Page A-5, paragraph 11

Delete title and insert "FENESTRATION AND STAPES MOBILIZATION OPERATIONS FOR DEAFNESS DUE TO OTOSCLEROSIS; MYRINGOPLASTIES AND TYMPANOPLASTIES".

In alphabetical sequence by city add: "VAH, Coral Gables, Fla."

Delete: "VAH, St. Louis, Mo. - -(Fenestration . . . basis)".

Page A-8, paragraph 15: Delete:

"VAH, Birmingham, Ala.
VAC, Dayton, Ohio
VAH, Oakland, Calif."

January 30, 1959

Page A-9, paragraph 18: In alphabetical sequence by city add: "VAH, Columbia, S. C."

Page A-10, paragraph 19

After "Hospitals" delete: "and Centers".

Delete: "VAC, Dayton, Ohio".

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Department of Medicine and Surgery
Veterans Administration
Washington 25, D. C.

deleted by change 31

M-2, Part I
Change 2

March 27, 1956

Part I, "General," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is changed as follows:

Page 9-2a: Remove this page and substitute 9-2a attached. (Par. 9.04b introductory statement deleted and new subpar. b (1) substituted to reflect broadening of admissions policy.)

Page 9-3, paragraphs 9.04b (1), (3), and (4): Delete these subparagraphs.

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Distribution:
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Department of Medicine and Surgery
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Washington 25, D. C.

M-2, Part I
Change 1

January 19, 1956

chg 10 - one par. attached
gmd 10-2-53

Part I, "General," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is changed as follows:

NOTE: The following changes in the numbering of pages in the CONTENTS, TEXT, and APPENDIX are being made in order to provide for chapter 1, to be published at a later date.

✓ CONTENTS and TEXT: Renumber pages 1 through 25 of text to conform to each chapter, i. e., 2-1, 2-2, 2-3; 3-1, 3-2; 4-1, 4-2; 5-1; 6-1; etc., through chapter 11. Change "CONTENTS" accordingly.

✓ APPENDIX: Renumber pages 26 through 35 as follows: A-1 through A-10.

chg 9 — Page v, "CHAPTER 9. SPECIALIZED TREATMENT": Add the following:

"9.05 Exposed Eye Implants - - - - - - - - - - - - - - - - - - - 9-7

9.06 Fenestration Operation for Deafness Due to Clinical Otosclerosis - - - - - - - - - - - - - - - - - - 9-7

9.07 Cineplastic Surgery - 9-8"

chg 15 — ✓ Pages 9-1 and 9-2: Remove these pages and substitute pages 9-1, 9-2, and 9-2a attached. (Par. 9.01a.1 added.)

chg 10 — ✓ Pages 9-7 and 9-8: Insert pages 9-7 and 9-8 attached. (Pars. 9.05, 9.06, and 9.07 added.)

chg 7 — ✓ Page A-1, paragraph 1

✓ Subparagraph a: In alphabetical sequence by city, add "VAH, Chicago, Ill. (West Side)"; delete "VAH, Poplar Bluff, Mo.".

✓ Subparagraph b: Delete "VARO, Chicago, Ill.".

✓ Add subparagraph d as follows:

"d. VA Outpatient Clinic

Boston, Mass."

chg 7 ✓ Page A-2, paragraph 3a

✓ Subparagraph (1): In alphabetical sequence by city, add "VAH, Chicago, Ill. (West Side)".

✓ Subparagraph (2): Delete "VARO, Chicago, Ill.".

chg 16 ✓ Page A-4, paragraph 6: In alphabetical sequence by city, add the following:

✓ "VAH, Iowa City, Iowa"
✓ "VAH, St. Louis, Mo."

chg 16 ✓ Page A-5, paragraph 7: In alphabetical sequence by city, add "VAH, Iowa City, Iowa".

chg 15 ✓ Page A-6, paragraph 13: In alphabetical sequence by city, add the following:

✓ "VAH, Durham, N. C."
✓ "VAH, Iowa City, Iowa"
✓ "VAH, North Little Rock, Ark."
✓ "VAH, Seattle, Wash."

completely changed

January 19, 1956

Page A-7, paragraph 14

Subparagraph a: Delete the following:

"Keene, N. H."
"Laconia, N. H."
"Nashua, N. H."

Subparagraph b: Delete the following:

"VARO, Miami, Fla."
"VARO, San Diego, Calif."

Subparagraph e: In alphabetical sequence by city, add the following:

"VAO, Miami, Fla. (Pass-A-Grille)"
"VAO, San Diego, Calif. (Los Angeles)"

Page A-8

Paragraph 15: In alphabetical sequence by city, add "VAH, Syracuse, N. Y."

Paragraph 16: In alphabetical sequence by city, add "VAC, Jackson, Miss."

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Distribution:
Same as M-2, Part I