



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
PERITONEAL ADHESIONS
(Reasonable Hypothesis)
(No. 9 of 2025)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

Dated 17 December 2024.

Professor Terence Campbell AM
Chairperson
by and on behalf of
The Repatriation Medical Authority

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1 Name

This is the Statement of Principles concerning *peritoneal adhesions (Reasonable Hypothesis)* (No. 9 of 2025).

2 Commencement

This instrument commences on 28 January 2025.

3 Authority

This instrument is made under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

4 Repeal

The Statement of Principles concerning peritoneal adhesions (Reasonable Hypothesis) (No. 3 of 2016) (Federal Register of Legislation No. F2016L00004) made under subsections 196B(2) and (8) of the VEA is repealed.

5 Application

This instrument applies to a claim to which section 120A of the VEA or section 338 of the *Military Rehabilitation and Compensation Act 2004* applies.

6 Definitions

The terms defined in the Schedule 1 - Dictionary have the meaning given when used in this instrument.

7 Kind of injury, disease or death to which this Statement of Principles relates

- (1) This Statement of Principles is about peritoneal adhesions and death from peritoneal adhesions.

Meaning of peritoneal adhesions

- (2) For the purposes of this Statement of Principles, peritoneal adhesions:
- (a) means acquired permanent abnormal fibrous connections between abdominal organs or between abdominal organs and the parietal peritoneum, resulting from an abnormal inflammatory reaction of the peritoneum; and
 - (b) includes encapsulating peritoneal sclerosis (sclerosing encapsulating peritonitis); and
 - (c) excludes congenital peritoneal adhesions.

Note: Peritoneal adhesions can be asymptomatic, or can cause bowel obstructions, dyspareunia, female infertility, obstetric complications, abdominal pain, and difficulty performing subsequent abdominal surgery.

- (3) While peritoneal adhesions attracts ICD-10-AM codes K66.0, N73.6, and N99.4, in applying this Statement of Principles the meaning of peritoneal adhesions is that given in subsection (2).
- (4) For subsection (3), a reference to an ICD-10-AM code is a reference to the code assigned to a particular kind of injury or disease in *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification* (ICD-10-AM), Tenth Edition, effective date of 1 July 2017, copyrighted by the Independent Hospital Pricing Authority, ISBN 978-1-76007-296-4.

Death from peritoneal adhesions

- (5) For the purposes of this Statement of Principles, peritoneal adhesions, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's peritoneal adhesions.

Note: *terminal event* is defined in the Schedule 1 – Dictionary.

8 Basis for determining the factors

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that peritoneal adhesions and death from peritoneal adhesions can be related to relevant service rendered by veterans, members of Peacekeeping Forces, or members of the Forces under the VEA, or members under the MRCA.

Note: *MRCA*, *relevant service* and *VEA* are defined in the Schedule 1 – Dictionary.

9 Factors that must exist

At least one of the following factors must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting peritoneal adhesions or death from peritoneal adhesions with the circumstances of a person's relevant service:

- (1) having peritonitis at least 3 days before clinical onset;
- (2) having one of the following diseases at least 3 days before clinical onset:
 - (a) appendicitis;
 - (b) cholecystitis;
 - (c) diverticulitis;
 - (d) endometriosis;
 - (e) inflammatory bowel disease;
 - (f) pancreatitis;
 - (g) pelvic inflammatory disease.
- (3) having intra-abdominal or pelvic surgery at least 3 days before clinical onset;

- (4) having penetrating trauma to the abdomen that enters the peritoneal cavity at least 3 days before clinical onset;
 - (5) 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;
 - (6) having a bacterial, fungal or *Echinococcus granulosus* infection involving the peritoneal cavity at least 3 days before clinical onset;
 - (7) having a perforation of the hollow viscus into the peritoneal cavity at least 3 days before clinical onset;
- Note: A perforated hollow viscus could include a perforated stomach, gallbladder, intestine, appendix, renal pelvis, ureter, bladder, or uterus.
- (8) undergoing peritoneal dialysis for at least 6 months duration before clinical onset;
 - (9) undergoing intraperitoneal chemotherapy with cisplatin, oxaliplatin, carboplatin, 5-fluorouracil, mitoxantrone (mitozantrone), or mitomycin C at least 3 days before clinical onset;
 - (10) having a primary or secondary malignant neoplasm involving the peritoneum at least 3 days before clinical onset;
 - (11) having an ovarian dermoid cyst rupturing into the peritoneum at least 3 days before clinical onset;
 - (12) having a ventriculoperitoneal shunt at least 3 days before clinical onset;
 - (13) having a peritoneovenous shunt at least 3 days before the clinical onset of encapsulating peritoneal sclerosis;
 - (14) having hernia mesh inserted in the abdomen at the site of the subsequent peritoneal adhesions at least 3 days before clinical onset;
 - (15) having a retained surgical sponge at least 3 days before clinical onset;
 - (16) taking practolol for at least 1 year before clinical onset;
 - (17) having peritoneal sarcoidosis at the time of clinical onset.

10 Relationship to service

- (1) The existence in a person of any factor referred to in section 9, must be related to the relevant service rendered by the person.

11 Factors referring to an injury or disease covered by another Statement of Principles

In this Statement of Principles:

- (1) if a factor referred to in section 9 applies in relation to a person; and

- (2) that factor refers to an injury or disease in respect of which a Statement of Principles has been determined under subsection 196B(2) of the VEA;

then the factors in that Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

Schedule 1 - Dictionary

Note: See Section 6

1 Definitions

In this instrument:

MRCA means the *Military Rehabilitation and Compensation Act 2004*.

peritoneal adhesions—see subsection 7(2).

relevant service means:

- (a) operational service under the VEA;
- (b) peacekeeping service under the VEA;
- (c) hazardous service under the VEA;
- (d) British nuclear test defence service under the VEA;
- (e) warlike service under the MRCA; or
- (f) non-warlike service under the MRCA.

Note: *MRCA* and *VEA* are defined in the Schedule 1 - Dictionary.

terminal event means the proximate or ultimate cause of death and includes the following:

- (a) pneumonia;
- (b) respiratory failure;
- (c) cardiac arrest;
- (d) circulatory failure; or
- (e) cessation of brain function.

VEA means the *Veterans' Entitlements Act 1986*.