Media Report 31 Dec 2021

This weeks media reports will cover and answer great questions veterans are still asking such as **Frequently asked questions regarding COVID-19 in Ottawa.** Due to ongoing and evolving COVID-19 pandemic callers may experience increased wait times when calling the Government of Canada Pension Center. Callers may also experience dropped calls, as all telecommunication networks across Canada are presently facing capacity challenges. and local Media Articles and An illness or injury can have an impact on your ability to adjust to life after service. We all need healthcare services. The Treatment benefits program provides coverage for a variety of benefits and services to help you get—and stay healthy. Have you made an application for disability benefits from Veterans Affairs Canada and received a decision? If you disagree with that decision, you have the right to review or appeal.

Canada

Total Percentage of population vaccinated	Total Percentag population vaccina	ge of P n fully	Eligible (5+) ercentage of population vaccinated	-
82.13%	76.84%	86.3	39%	80.83%
+0.07%	+0.04%	+0.	07%	+0.04%
Total doses administered	First doses	Second doses	Third+ doses	Received doses administered
67,693,875	31,403,011	29,381,919	6,908,945	85.97%
+425,329	+26,160	+14,038	+385,131	+0.54%

Urinary, Sexual and Reproductive Impairment

CONTENTS

- •<u>Introduction</u>
- •Rating Tables

- •Section 1 Determining Impairment Assessment of Urinary Tract Function
 - Selection of Tables
 - •Loss of Function Upper Urinary Tract
 - •Loss of Function Lower Urinary Tract
 - •Tables and Steps
 - •<u>Table 16.1</u>- Loss of Function Upper Urinary Tract
 - •Steps to Determine Urinary Tract Assessment (Upper Tract)
 - •<u>Table 16.2</u>- Loss of Function Lower Urinary Tract
 - •Steps to Determine Urinary Tract Assessment (Lower Tract)
- •Section 2 Determining Impairment Assessment of Sexual Reproductive Function
 - Selection of Tables
 - •Loss of Function Sexual and Reproductive Male
 - •Loss of Function Sexual and Reproductive Female
 - •Other Impairment Breasts Male
 - •Other Impairment Breasts Female
 - Tables and Steps
 - •<u>Table 16.3</u>- Loss of Function Sexual and Reproductive Male
 - •Steps to Determine Sexual and Reproductive Assessment (Male)
 - •<u>Table 16.4</u>- Loss of Function Sexual and Reproductive Female
 - •Steps to Determine Sexual and Reproductive Assessment (Female)
 - •<u>Table 16.5</u>- Other Impairment Breasts Male
 - •Steps to Determine Assessment (Male Breast)
 - •<u>Table 16.6</u>- Other Impairment Breasts Female
 - •Steps to Determine Assessment (Female Breast)

Introduction

This chapter provides criteria for assessing permanent impairment from entitled urinary, sexual and reproductive conditions.

The chapter is divided into two sections. The first section provides criteria to rate impairment of upper and lower urinary tract conditions. The second section provides criteria to rate impairment of sexual and reproductive conditions.

Impairment from rectovaginal fistula(e) is rated within <u>Chapter 14</u>, Gastrointestinal Impairment.

Impairment from loss of a kidney due to tuberculosis is rated within <u>Chapter 24</u>, Tuberculosis Impairment.

Impairment from malignant urinary, sexual and reproductive conditions is rated within <u>Chapter 18</u>, Malignant Impairment. Follow the steps contained within the Malignant Impairment chapter.

Rating Tables

This chapter contains four "Loss of Function" tables and two "Other Impairment" tables which may be used to rate entitled urinary, sexual and reproductive conditions.

The tables within this chapter are:

Rating Tables

	ı va cı	
TABLE	LOSS OF FUNCTION	OTHER IMPAIRMENT
<u>Table</u>	Loss of Function – Upper	This table is used to rate impairment in the
<u>16.1</u>	Urinary Tract	upper urinary tract.
<u>Table</u>	Loss of Function – Lower	This table is used to rate impairment in the
<u>16.2</u>	Urinary Tract	lower urinary tract.
<u>Table</u>	Loss of Function - Sexual and	This table is used to rate impairment in
<u>16.3</u>	Reproductive – Male	female sexual and reproductive function.
<u>Table</u>	Loss of Function - Sexual and	This table is used to rate impairment in
<u>16.4</u>	Reproductive – Female	female sexual and reproductive function.
<u>Table</u>	Other Impairment - Breasts -	This table is used to rate impairment of the
<u>16.5</u>	Male	male breast.
<u>Table</u>	Other Impairment - Breasts -	This table is used to rate impairment of the
<u>16.6</u>	Female	female breast.

Section 1 – Determining Impairment Assessment of Urinary Tract Function

The tables that may be used to rate impairment from urinary tract conditions are:

Section 1 – Determining Impairment Assessment of Urinary Tract Function

	= = = = = = = = = = = = = = = = =	mone i location or or many material and the
TABLE	LOSS OF FUNCTION	OTHER IMPAIRMENT
<u>Table</u>	Loss of Function – Upper	This table is used to rate impairment in the
<u>16.1</u>	Urinary Tract	upper urinary tract.
<u>Table</u>	Loss of Function – Lower	This table is used to rate impairment in the
<u>16.2</u>	Urinary Tract	lower urinary tract.

Loss of Function - Upper Urinary Tract

<u>Table 16.1</u>is used to rate impairment from conditions of the upper urinary tract (kidney and ureter). Only one rating may be selected for each entitled condition. If more than one rating is applicable for an entitled condition, the ratings are compared and the highest selected.

Ratings in the upper urinary tract table take into account the presence of signs and symptoms and laboratory findings which may accompany the urinary tract impairment. Signs and symptoms include hypertension, chronic anemia, edema, headache, dyspnea, fatigue, fever, chills, back pain, dizziness, hematuria, anuria and recurrent urinary infections.

The creatinine clearance test is used in routine practice to estimate the glomerular filtration rate (GFR). The GFRis the single best indicator of overall renal function.

Creatinine clearance may be estimated either by analysis of a 24 hour urine collection or from the serum creatinine level by applying the following modified Cockcroft-Gault formula:

Males

Creatinine clearance (mL/min)b= 1.2 (140 – patient's age, years) (TBW, kg) / (serum creatinine, μ mol/L)

Females

Multiply equation above by 0.85.

b To convert from mL/min to SI (mL/s) divide the mL/min value by 60. Abbreviation:TBW= Total Body Weight

When entitled upper urinary tract conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Loss of Function – Lower Urinary Tract

<u>Table 16.2</u>is used to rate impairment from conditions of the lower urinary tract (bladder and urethra), prostate and epididymis. Only one rating may be selected for each entitled condition. If more than one rating is applicable for an entitled condition, the ratings are compared and the highest selected.

When entitled lower urinary tract conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Table 16.1 – Loss of Function – Upper Urinary Tract

Only one rating may be given for each entitled condition from Table 16.1. If more than one rating is applicable for an entitled condition, the ratings are compared and the highest rating is selected.

Each bullet (•) represents one criterion. In order for a rating to be established for Table 16.1, follow the "ands" and "ors".

Table 16.1 – Loss of Function – Upper Urinary Tract **CRITERIA RATING** Normal or mildly impaired renal function; and Nil No clinical signs of renal disease. • Pyelonephritis: up to 2 attacks per year; or Four Kidney stones: occasional attacks of renal colic. Diminution in renal function evidenced by creatinine clearance less than 63 mL/min (< than 90 L / 24hrs). Signs and symptoms and abnormal laboratory findings may be present; or Nine Pyelonephritis: 3 – 4 attacks per year; or Kidney stones: yearly attacks of renal colic;or Chronic unilateral hydronephrosis with infection. Pyelonephritis: more than 4 attacks per year; or Thirteen Nephrectomy; or Chronic bilateral hydronephrosis with infection. Twenty-one Successful renal transplant (minimum value). • Diminution in renal function evidenced by creatinine clearance of less than 53 mL/ min (< than 75 L /24 hrs). Signs and symptoms and abnormal laboratory findings may be present; or Twenty-six Permanent urinary diversion with ostomy of the skin (i.e. nephrostomy, ureterointestinal, ileal conduit, cutaneous ureterostomy). Diminution in renal function evidenced by creatinine clearance of Forty-three less than 43 mL/ min (< than 60 L /24 hrs). Signs and symptoms and abnormal laboratory findings may be present. Diminution in renal function evidenced by creatinine clearance of Fifty-seven less than 33 mL/ min (< than 48 L /24 hrs). Signs and symptoms and abnormal laboratory findings may be present. Diminution in renal function evidenced by creatinine clearance of less than 28 mL/ min (< than 40 L /24 hrs). Signs and symptoms and abnormal laboratory findings may be Eighty-one present; or Requiring constant peritoneal or hemodialysis.

Steps to Determine Urinary Tract Assessment (Upper Tract)

- •Step 1:Determine the rating from <u>Table 16.1</u>(Loss of Function Upper Urinary Tract).
- •Step 2:Does the Partially Contributing Table apply? Ifyes, then apply to rating at Step 1.
- •Step 3:Determine the Quality of Life rating.
- •Step 4:Add the ratings at Step 2 and Step 3.
- •Step 5:If partial entitlement exists, apply to the rating above.

This is the Disability Assessment

Table 16.2 - Loss of Function - Lower Urinary Tract

Only one rating may be given for each entitled condition from Table 16.2. If more than one rating is applicable for an entitled condition, the ratings are compared and the highest selected.

Each bullet (•) represents one criterion. In order for a rating to be established for Table 16.2, only one criterion must be met at a level of impairment for that rating to be selected.

Table 16.2 – Loss of Function – Lower Urinary Tract **RATING CRITERIA** Voiding dysfunction:occasional symptoms of dysuria, urgency Nil or frequency; or Prostatectomy. Obstructed voiding: with hesitancy or diminished stream; or One • Lower urinary tract infection:occurring 1-2 times per year. Voiding dysfunction:symptoms of dysuria, urgency and/or frequency; daytime voiding every 3 hoursandawakening once through the night; or Four 1 – 2 incontinent pads required daily; or Chronic epididymitiswithout urinary tract symptoms but with ongoing pain. Obstructed voiding:requiring 2 – 4 dilatations per year;or Nine • Lower tract infection: occurring at least 4 times per year despite long term prophylactic antibiotic drug therapy. Voiding dysfunction:symptoms of dysuria, urgency and Thirteen

	frequency; daytime voiding every 2 hours and nocturia 2 – 3 times per night; or
	 More than 2 incontinent pads required daily.
	 Voiding dysfunction:symptoms of dysuria, urgency and frequency; daytime voiding every 1 hour and nocturia 4 – 5 times per night;or
	Permanent use of condom catheter; or
Eighteen	 Obstructed voiding:with anyone of the following:
	 post-void residuals greater than 150 cc; uroflometry – markedly diminished peak flow rate (less than 10 cc/sec);
	 stricture disease requiring more than 4 dilatations per year
Twenty-six	 Voiding dysfunction:symptoms of dysuria, urgency and frequency, with less than 30 minutes between voidingsandvoiding more than 5 times per night;or
	 Obstructed voiding: with urinary retention requiring intermittent daily catheterization.
Thirty-four	 Voiding dysfunction:no voluntary control of bladder;or
	Permanent indwelling catheter.
Forty-three	 Voiding dysfunction:with painful urinary frequency and voids every 15 minutes day and night;or

Steps to Determine Urinary Tract Assessment (Lower Tract)

• Permanent suprapubic catheter.

- •Step 1:Determine the rating from <u>Table 16.2</u>(Loss of Function Lower Urinary Tract).
- •Step 2:Does the Partially Contributing Table apply? Ifyes, then apply to rating at Step 1.
- •Step 3:Determine the Quality of Life rating.
- •Step 4:Add the ratings at Step 2 and Step 3.
- •Step 5:If partial entitlement exists, apply to the Step 4 rating.

This is the Disability Assessment

Section 2 – Determining Impairment Assessment of Sexual and Reproductive Function

Selection of Tables

The tables that may be used to rate impairment from sexual and reproductive conditions are:

Section 2 – Determining Impairment Assessment of Sexual and Reproductive Function

TABLE	LOSS OF FUNCTION	OTHER IMPAIRMENT
<u>Table</u>	Loss of Function - Sexual and	This table is used to rate impairment in
<u>16.3</u>	Reproductive – Male	male sexual and reproductive function.
<u>Table</u>	Loss of Function - Sexual and	This table is used to rate impairment in
<u>16.4</u>	Reproductive – Female	female sexual and reproductive function.
<u>Table</u>	Other Impairment - Breasts -	This table is used to rate impairment of the
<u>16.5</u>	Male	male breast.
<u>Table</u>	Other Impairment - Breasts -	This table is used to rate impairment of the
<u>16.6</u>	Female	female breast.

Loss of Function – Sexual and Reproductive – Male

<u>Table 16.3</u>is used to rate impairment from male sexual and reproductive conditions. Only one rating may be selected for each entitled condition. If more than one rating is applicable for an entitled condition, the ratings are compared and the highest selected.

For Veterans Affairs Canada (VAC) purposes "Sterility" is defined as the complete inability to produce offspring despite medical intervention.

When entitled male sexual and reproductive conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Loss of Function - Sexual and Reproductive - Female

<u>Table 16.4</u> is used to rate impairment from female sexual and reproductive conditions.

Only one rating may be selected for each entitled condition. If more than one rating is applicable for an entitled condition, the ratings are compared and the highest selected.

For Veterans Affairs Canada (VAC) purposes "Sterility" is defined as the complete inability to produce offspring despite medical intervention.

When entitled female sexual and reproductive conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment - Breasts - Male

<u>Table 16.5</u>is used to rate impairment from male breast conditions. Only one rating may be selected for each entitled condition. If more than one rating is applicable for an entitled condition, the ratings are compared and the highest selected.

When entitled male breast conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment - Breasts - Female

<u>Table 16.6</u> is used to rate impairment from female breast conditions. Only one rating may be selected for each entitled condition. If more than one rating is applicable for an entitled condition, the ratings are compared and the highest selected.

When entitled female breast conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Table 16.3 - Loss of Function - Sexual and Reproductive - Male

Only one rating may be given for each entitled condition from Table 16.3. If more than one rating is applicable for an entitled condition, the ratings are compared and the highest selected.

Each bullet (•) represents one criterion. In order for a rating to be established for Table 16.3, only one criterion must be met at a level of impairment for that rating to be selected.

Table 16.3 – Loss of Function – Sexual and Reproductive – Male **RATING CRITERIA** Circumcision; or · Varicocele, hydrocele or spermatocele asymptomatic; or Nil Vasectomy*. Unilateral atrophy of the testicle. One Loss of one testicle; or Peyronie's disease; still capable of intercourse; or Varicocele, hydrocele or spermatocele symptomatic; or Four Erectile dysfunction responsive to treatment; or Bilateral atrophy of the testicles*. Permanent sterility. Nine

Eighteen	 Severe post-ejaculatory pain sufficient to cause total avoidance of intercourse*;or Peyronie's disease; incapable of intercourse*;or Erectile dysfunction unresponsive to treatment*;or
	 Loss of up to one-half of the penis*.
Twenty-six	 Loss of more than one-half of the penis*;or Bilateral loss of testicles*.

^{*} A separate rating for permanent sterility is not given for these conditions.

Steps to Determine Sexual and Reproductive Assessment (Male)

- •Step 1:Determine the rating from <u>Table 16.3</u>(Loss of Function Sexual and Reproductive Male).
- •Step 2:Does the Partially Contributing Table apply? Ifyes, then apply to rating at Step 1.
- •Step 3:Determine the Quality of Life rating.
- •Step 4:Add the ratings at Step 2 and Step 3.
- •Step 5:If partial entitlement exists, apply to the Step 4 rating.

This is the Disability Assessment

Table 16.4 Loss of Function – Sexual and Reproductive – Female

Only one rating may be given for each entitled condition from Table 16.4. If more than one rating is applicable for an entitled condition, the ratings are compared and the highest selected.

Each bullet (•) represents one criterion. In order for a rating to be established for Table 16.4, only one criterion must be met at a level of impairment for that rating to be selected.

labi	e 16.4 – Loss of Function – Sexual and Reproductive – Female
RATING	CRITERIA
Nil	 Tubal ligation*; elective; or Permanent sterility; onset at or after natural menopause; or
1411	Hysterectomy*; elective, postmenopausal.
One	Dysmenorrhea.

Four	 Unilateral oophrectomy; premenopausal. 		
Nine	 Chronic, pelvic painand/orheavy irregular bleeding requiring continuous treatment to control; or Permanent sterility; premenopausal; or Bilateral loss of tubal patency*; premenopausal; or Bilateral salpingectomy* (not carried out for contraceptive purposes); premenopausal; or 		
	 Hysterectomy*; premenopausal. 		
Thirteen	 Chronic pelvic pain not controlled by treatment. 		
Eighteen	 Dyspareunia, with persistent inability to participate in vaginal intercourse. 		
Twenty-six	 Vulvectomy;or Clitoridectomy;or Bilateral oophrectomy*; premenopausal;or Severe vaginal stenosis. 		

^{*} A separate rating for permanent sterility is not given for these conditions.

Steps to Determine Sexual and Reproductive Assessment (Female)

- •Step 1:Determine the rating from $\underline{\text{Table 16.4}}(\text{Loss of Function} \text{Sexual}$ and Reproductive Female)
- •Step 2:Does the Partially Contributing Table apply? Ifyes, then apply to rating at Step 1.
- •Step 3:Determine the Quality of Life rating.
- •Step 4:Add the ratings at Step 2 and Step 3.
- •Step 5:If partial entitlement exists, apply to the Step 4 rating.

This is the Disability Assessment

Table 16.5 – Other Impairment – Breasts – Male

Only one rating may be given for each entitled condition from Table 16.5. If more than one rating is applicable for an entitled condition, the ratings are compared and the highest selected.

Each bullet (•) represents one criterion. In order for a rating to be established for Table 16.5, only one criterion must be met at a level of impairment for that rating to be selected.

Table 16.5 - Other Impairment - Breasts - Male

RATING	CRITERIA		
Nil	 Lumpectomy with no sequella; or 		
	 Gynaecomastia, operated, no sequella. 		
One	 Gynaecomastia; or 		
	 Unilateral mastectomy. 		
Four	Bilateral mastectomy;or		
	 Persistent mammary discharge. 		

Steps to Determine Assessment (Male Breast)

- •Step 1:Determine the rating from <u>Table 16.5</u>(Other Impairment Breasts Male).
- •Step 2:Does the Partially Contributing Table apply? Ifyes, then apply to rating at Step 1.
- •Step 3:Determine the Quality of Life rating.
- •Step 4:Add the ratings at Step 2 and Step 3.
- •Step 5:If partial entitlement exists, apply to the Step 4 rating.

This is the Disability Assessment

RATING

Table 16.6 – Other Impairment – Breasts – Female

Only one rating may be given for each entitled condition from Table 16.6If more than one rating is applicable for an entitled condition, the ratings are compared and the highest selected.

Each bullet (•) represents one criterion. In order for a rating to be established for Table 16.6, only one criterion must be met at a level of impairment for that rating to be selected.

Table 16.6 – Other Impairment – Breasts – Female	
CRITERIA	

Nil	 Lumpectomy with no sequella. 	
Four	Partial unilateral mastectomyorsegmental resection;orUnilateral mastectomy with reconstructive surgery;or	
Nine Thirteen	Persistent mammary discharge.	
	 Unilateral mastectomy without reconstructive surgery; or 	
	Bilateral mastectomy with reconstructive surgery.	
	Radical unilateral mastectomy; or	
	• Simple bilateral mastectomy without reconstructive surgery.	
Twenty-six	 Radical bilateral mastectomy without reconstruction. 	

Steps to Determine Assessment (Female Breast)

- •Step 1:Determine the rating from <u>Table 16.6</u>(Other Impairment Breasts -Female).
- •Step 2: Does the Partially Contributing Table apply? Ifyes, then apply to rating at Step 1.
- •Step 3:Determine the Quality of Life rating.
- •Step 4:Add the ratings at Step 2 and Step 3.
- •Step 5:If partial entitlement exists, apply to the Step 4 rating.