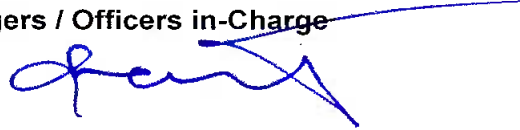




Philippine Economic Zone Authority

MEMORANDUM CIRCULAR No. 2019-041

TO : Economic Zone Locator Enterprises
Economic Zone Developers
Economic Zone Administrators / Managers / Officers in-Charge

FROM : BGen CHARITO B. PLAZA, MNSA, PhD 
Director General

SUBJECT : Special leave benefits under RA 9710 (Magna Carta of Women)

DATE : 09 December 2019

We have been recently made aware during PEZA's conduct of Gender and Development (GAD) training workshops of selected locator enterprises that some of the PEZA-registered enterprises are not yet aware of the Magna Carta of Women (MCW) special leave benefits.

Thus, we wish to inform that RA 9710 also known as Magna Carta of Women (MCW) prescribes special leave benefits for women with gynecological disorders that would require surgical procedures. The Department of Labor and Employment (DOLE), through Department Order 2011-112 dated 11 March 2011 (Annex A) and DOLE Department Order 2012-12A (Annex B), provides for the guidelines on the availment of the leave benefits as well as measures for the uniform implementation of the grant of the said special leave benefits.

Salient features of the Guidelines

- **Who may avail.** Female employees regardless of age or civil status who has rendered at least six (6) months aggregate service for the last twelve (12) months prior to undergoing surgery for any gynecological disorders may be able to avail of special leave benefits citing MCW.
- **Surgical procedures covered by the MCW.** Annex C of Civil Service Commission Memorandum Circular 2010-25 provides the list of surgical operations for gynecological disorders¹ that may be covered by the MCW special leave benefits.
- **Benefits.** The qualified employee, depending on the type of gynecological procedure and period of recuperation, is entitled to full pay during her duration of leave for (at most) two months based on her gross monthly compensation. The duration of leave will depend on the period of recuperation prescribed by a competent medical authority.
- **Requirements to avail.** Unless it is an emergency surgical procedure, applicant shall file her application for MCW leave with her employer ahead of the schedule of the surgery. This shall be accompanied by a medical certificate issued by a competent medical authority with the following information: a) histopathological report, b) appropriate operative technique, c) period of confinement and d) period of recuperation.

For your information and compliance.

PEZA - DTS



1519-2019-00411

¹ The List of Surgical Operations for Gynecological Disorders was formulated by a Technical Working Committee composed of medical doctors from UP-PGH, DOH, PhilHealth with the support of the Philippine Obstetrical and Gynecological Society (POGS) and the Philippine College of Surgeons

Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
 Intramuros, Manila

DEPARTMENT OF LABOR AND EMPLOYMENT	
Origin: Intramuros Service Center, Manila 680	
DATE: 11 MAR 2011	TIME: 1:52pm
RECEIVED BY: Jovan	

DEPARTMENT ORDER NO. 112 - II
 Series of 2011

**GUIDELINES GOVERNING THE IMPLEMENTATION OF THE SPECIAL LEAVE
 BENEFITS FOR WOMEN EMPLOYEES IN THE PRIVATE SECTOR**

Pursuant to Section 21 (B) of the Implementing Rules and Regulations of Republic Act 9710, otherwise known as the "Magna Carta of Women", the following guidelines relative to the application of the special leave benefits for women is hereby issued for the guidance and compliance of all concerned.

Section 1. Definition of terms.-As used in these Rules, the following terms shall mean:

- (a) ***Special leave benefits for women*** refers to a female employee's leave entitlement of two (2) months with full pay from her employer based on her gross monthly compensation following surgery caused by gynecological disorders, provided that she has rendered continuous aggregate employment service of at least six (6) months for the last 12 months. This two-month leave is in addition to leave privileges under existing laws.
- (b) ***Gynecological disorders***, refers to disorders that would require surgical procedures such as, but not limited to, dilatation and curettage and those involving female reproductive organs such as the vagina, cervix, uterus, fallopian tubes, ovaries, breast, adnexa and pelvic floor, as certified by a competent physician. For purposes of the Act and the Rules and Regulations of this Act, gynecological surgeries shall also include hysterectomy, ovariectomy, and mastectomy.

Section 2. Conditions to entitlement of special leave benefits. - Any female employee, regardless of age and civil status, shall be entitled to a special leave, provided she has complied with the following conditions:

- (a) She has rendered at least six (6) months continuous aggregate employment service for the last twelve (12) months prior to surgery;
- (b) She has filed an application for special leave in accordance with Section 3 hereof.
- (c) She has undergone surgery due to gynecological disorders as certified by a competent physician.

Section 3. Application for special leave. - The employee shall file her application for leave with her employer within a reasonable period of time from the expected date of surgery, or within such period as may be provided by company rules and regulations or by collective bargaining agreement.

Prior application for leave shall not be necessary in cases requiring emergency surgical procedure, provided that the employer shall be notified verbally or in written form within a reasonable period of time and provided further that after the surgery or appropriate recuperating period, the female employee shall immediately file her application using the prescribed form.

Section 4. Availment. -Special leave benefits shall be granted to the qualified employee after she has undergone surgery, without prejudice to an employer allowing an employee to receive her pay before or during the surgery.

Section 5. Benefits. – The employee is entitled to full pay for two months based on her gross monthly compensation. Gross monthly compensation refers to the monthly basic pay plus mandatory allowances fixed by the regional wage boards.

Section 6. Non-commutation of benefits. - This special leave shall be non-cumulative and non-convertible to cash unless otherwise provided by a collective bargaining agreement (CBA).

Section 7. Enforcement and monitoring. - The Labor Inspectorate of the DOLE Regional Offices shall be responsible for the enforcement and monitoring of this Guidelines.

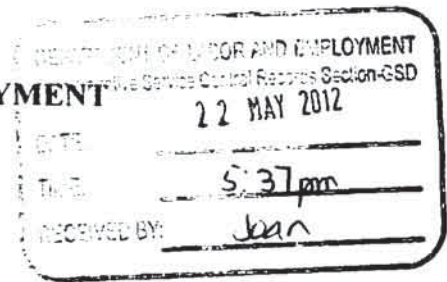
Section 8. Transitory Provision.- Subject to the provisions of Section 2 herein, female employees who have taken a leave of absence following surgery for gynecological disorder on or after 15 September 2009 are entitled to the special leave benefits for women.

Section 9. Effectivity.-This Guidelines shall take effect fifteen (15) days after its publication in a newspaper of general circulation.

Manila, Philippines, March 11, 2011.


ROSALINDA DIMAPILIS-BALDOZ
 Secretary

Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
 Intramuros, Manila



DEPARTMENT ORDER NO. 112-A
 Series of 2012

**AMENDING THE GUIDELINES ON THE IMPLEMENTATION OF THE SPECIAL
 LEAVE BENEFIT FOR WOMEN EMPLOYEES IN THE PRIVATE SECTOR**

Section 1. Pursuant to Section 21(B) of the Implementing Rules and Regulations of Republic Act 9710, otherwise known as the "Magna Carta of Women", the provisions of Department Order No. 112, Series of 2011, are hereby amended as follows:

Section 1, paragraph (a) is hereby amended to read as:

Section 1. Definition of terms. – x x x

(a) "*Special leave benefit for women*" means a female employee's leave entitlement of two (2) months with full pay from her employer based on her gross monthly compensation following surgery caused by gynecological disorders, provided that she has rendered continuous aggregate employment service of at least six (6) months for the last 12 months.

Additional sub-paragraphs are hereby added to Section 1, as follows:

(c) "*Gross monthly compensation*" means the monthly basic pay plus mandatory allowances fixed by the regional wage boards.

(d) "*Two (2) months*" means sixty (60) calendar days pursuant to Article 13 of the New Civil Code.

(e) "*At least six (6) months continuous aggregate employment service for the last twelve (12) months prior to surgery*" means that the woman employee should have been with the company for twelve (12) months, prior to surgery. An aggregate service of at least six (6) months within the said 12-

month period is sufficient to entitle her to avail of the special leave benefit (SLB).

(f) "*Employment service*" includes absences with pay such as use of other mandated leaves, company granted leaves and maternity leave.

(g) "*Competent physician*" means a medical doctor preferably specializing in gynecological disorders or is in the position to determine the period of recuperation of the woman employee.

A new provision is hereby introduced as Section 4, to read as:

Section 4. The special leave benefit. – The two (2) months special leave is the maximum period of leave with pay that a woman employee may avail of under RA 9710.

For purposes of determining the period of leave with pay that will be allowed to a woman employee, the certification of a competent physician as to the required period of recuperation shall be controlling.

Section 4 of the previous Guidelines is hereby re-numbered as Section 5, to read as:

Section 5. Availment. – The special leave shall be granted to the qualified employee after she has undergone surgery.

New provisions are hereby added to the Guidelines and subsequent Sections are re-numbered accordingly as follows:

Section 6. Frequency of availment. – A woman employee can avail of the special leave benefit for every instance of surgery due to gynecological disorder for a maximum total period of two (2) months per year.

Section 7. Special leave benefit vis-à-vis SSS sickness benefit. – The special leave benefit is different from the SSS sickness benefit. The former is granted by the employer in accordance with RA 9710, as implemented under this Rules.

It is granted to a woman employee who has undergone surgery due to gynecological disorder. The SSS sickness benefit, on the other hand, is administered and given by the SSS in accordance with the SSS law or RA1161 as amended by RA 8282.

Section 8. Special leave benefit vis-à-vis existing statutory leaves. – The special leave benefit cannot be taken from existing statutory leaves (i.e. 5-day Service Incentive Leave, Leave for victims of VAWC, Parental Leave for Solo Parents). The grant of the special leave benefit under the law is in recognition of the fact that patients with gynecological disorder needing surgery require a longer period for recovery. The benefit is considered an addition to the leave benefits granted under existing laws and should be added on top of said statutory leave entitlements.

If the special leave benefit has already been exhausted, the company leave and other mandated leave benefits may be availed of by the woman employee.

Section 9. Special leave benefit vis-à-vis maternity leave benefit. – Where the woman employee had undergone surgery due to gynecological disorder during her maternity leave, she is entitled only to the difference between the SLB and maternity leave benefit.

Section 10. Crediting of existing or similar benefits. – If there are existing or similar benefits under a company policy, practice or collective bargaining agreement (CBA) providing similar or equal benefits to what is mandated by law, the same shall be considered as compliance, unless the company policy, practice or CBA provides otherwise.

In the event the company policy, practice or CBA provides lesser benefits, the company shall grant the difference.

More liberal existing or similar benefits cannot be withdrawn or reduced by reason of the mandate of RA 9710.

The term "similar or equal benefits" refers to leave benefits which are of the same nature and purpose as that of the SLB.

Section 11. Mode of payment. – The special leave benefit is a leave privilege. The woman employee shall not report for work for the duration of the leave but she will still receive her salary covering said period. The employer, in its discretion, may allow said employee to receive her pay for the period covered by the approved leave before or during the surgery. The computation of her "pay" shall be based on her prevailing salary at the time of the surgery.

Section 12. Non-commutation of the benefit. – The special leave shall be non-cumulative and non-convertible to cash unless otherwise provided by a collective bargaining agreement (CBA).

Section 13. Retroactive application. – The woman employee whose leave period for surgery and recuperation due to gynecological disorders after the effectivity of the Magna Carta of Women (RA No. 9710) on 15 September 2009 and before the promulgation of its Guidelines (DO 112-11) on April 6, 2011, was deducted against her sick or vacation leave credits shall be entitled to the restoration of said leave credits and/or payment of appropriate compensation or salary at the time of surgery, as the case may be.

Section 14. Monitoring of compliance. – The DOLE-Regional Office shall be responsible for monitoring compliance as provided herein and related rules and issuances. It shall submit a separate quarterly monitoring report to the Bureau of Working Conditions (BWC), copy furnished the Tripartite Industrial Peace Council (TIPC), for purposes of evaluation.

Section 2. Repealing Clause. – All rules, regulations, circulars and administrative orders inconsistent herewith are repealed or modified accordingly.

Section 3. Effectivity. – This Guidelines shall take effect fifteen (15) days after its publication in a newspaper of general circulation.

Manila, Philippines, 22 MAY, 2012.


ROSALINDA DIMAPILIS BALDOZ
Secretary

LIST OF SURGICAL OPERATIONS FOR GYNECOLOGICAL DISORDERS

Vulva, Perineum, and Introitus

Procedure	Disease	Classification*
Incision and drainage of vulvar or perineal abscess/masses	Vulvar or perineal abscess	Minor
Incision and drainage of Bartholin's gland abscess	Bartholin's gland abscess	Minor
Marsupialization of Bartholin's gland cyst	Bartholin's gland cyst	Minor
Lysis of labial adhesions	Labial adhesions	Minor
Biopsy of vulvar or perineal masses	Vulvar warts Vulvar Masses	Minor
Electrocautery of vulvar warts	Vulvar Warts	Minor
Vulvectomy simple; partial or complete	Vulvar Masses	Major
Vulvectomy, radical, partial; <i>w/ unilateral inguino-femoral lymphadenectomy</i> <i>w/ bilateral inguino-femoral lymphadenectomy</i>	Vulvar carcinoma	Major
Vulvectomy, radical, complete; <i>w/ unilateral inguino-femoral lymphadenectomy</i> <i>w/ bilateral inguino-femoral lymphadenectomy</i>	Vulvar carcinoma	Major
Vulvectomy, radical, complete, w/ inguino-femoral, iliac, and pelvic lymphadenectomy	Vulvar carcinoma	Major
Partial hymenectomy or revision of hymenal ring	Imperforate hymen	Minor
Hymenotomy, simple incision	Imperforate hymen	Minor
Excision of Bartholin's gland or cyst	Bartholin's gland cyst/abscess	Minor

Taken from Civil Service Commission MC 2010-25

Procedure	Disease	Classification
Biopsy of vaginal mucosa and/or masses	Vaginal warts, vaginal masses	Minor
Colpocleisis (Le Fort type)	Uterine prolapse	Major
Excision of vaginal septum	Transverse vaginal septum	Minor
Excision of vaginal cyst or tumor	Vaginal cyst Vaginal masses	Minor
Insertion of uterine tandems and/or vaginal ovoids for clinical brachytherapy	Cervical or endometrial cancer	Minor
Colporrhaphy, suture of injury of vagina (nonobsterical)	Trauma	Minor
Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)	Trauma	Minor
Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication)	Urethrocele	Minor
Plastic repair of urethrocele	Urethrocele	Minor
Anterior <u>and/or posterior</u> colporrhaphy	Cysto+/-urethrocele	Major
Anterior and/or posterior colporrhaphy, w/ or w/o perineorrhaphy	Rectocele	Major
Combined anteroposterior colporrhaphy;	Cystocele with rectocele	Major
w/ enterocele repair	Pelvic organ prolapse	Major
Repair of enterocele, vaginal approach	Pelvic organ prolapse	Major
Repair of enterocele, abdominal approach	Pelvic organ prolapse	Major
Colpopexy, abdominal approach	Pelvic organ prolapse	Major
Sacrospinous ligament fixation for prolapse of vagina	Pelvic organ prolapse	Major
Prespinous on Iliococcygeal ligament fixation	Pelvic organ prolapse	Major
Paravaginal defect repair (including repair of cystocele, stress urinary incontinence, and/or incomplete vaginal prolapse)	Pelvic organ prolapse	Major
Sling operation for stress incontinence (eg, fascia or synthetic)	Urinary stress incontinence	Major
Burch calposuspension/retropubic urethroprosy	Urinary stress incontinence	Major
Pereyra procedure, including anterior colporrhaphy	Urinary stress incontinence	Major

Procedure	Disease	Classification
Repair of rectovaginal fistula; vaginal or transanal approach	Rectovaginal fistula	Major
abdominal approach	Rectovaginal fistula	Major
abdominal approach, w/ concomitant colostomy	Rectovaginal fistula	Major
Repair of urethrovaginal fistula;	Urethrovaginal fistula	Major
w/ bulbocavernosus transplant		Major
Repair of vesicovaginal fistula; vaginal approach	Vesicovaginal fistula	Major
transvesical and vaginal approach		
Removal of impacted vaginal foreign body under anesthesia	Retained foreign body	Minor
Laparoscopy, surgical, colpexy (suspension of vaginal apex)	Pelvic organ prolapse	Major
Colposcopy (Vaginoscopy)	Vaginal intraepithelial lesions	Minor
Colposcopy; w/ biopsy(s) of the cervix and/or endocervical curettage	Vaginal and cervical intraepithelial lesions	Minor
Colposcopy; w/ loop electrode excision procedure of the cervix	Cervical intraepithelial lesions	Minor

Cervix

Procedure	Disease	Classification
Cervical Biopsy, single or multiple, or local excision of lesion, w/ or w/o fulguration	Cervical pathology	Minor
Cauterization of cervix; any method	Cervical warts	Minor
Conization of cervix, w/ or w/o fulguration, w/ or w/o dilation and curettage, w/ or w/o repair; cold knife or laser loop electrode excision	Cervical intraepithelial neoplasia	Minor
Trachelectomy (cervicectomy), amputation of cervix	Cervical masses	Major
Excision of cervical stump, abdominal approach; w/ or w/o pelvic floor repair	S/p subtotal hysterectomy	Major
Excision of cervical stump, vaginal approach; w/ anterior and/or posterior repair w/ repair of enterocele	S/p subtotal hysterectomy +/- pelvic organ prolapse	Major



Procedure	Disease	Classification
Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach	Cervical lacerations	Minor
Cerclage of cervix, during pregnancy; vaginal abdominal	Cervical incompetence	Major
Hysterorrhaphy of ruptured uterus	Cervical incompetence	Major

Uterus

Procedure	Disease	Classification
Endometrial sampling (biopsy) w/ or w/o endocervical sampling (biopsy), w/o cervical dilation, any method	Uterine pathologies	Minor
Dilation and curettage	Uterine pathologies	Minor
Vaginal Myomectomy, excision of fibroid tumor of uterus, single or multiple	Uterine pathologies	Minor
Myomectomy, excision of fibroid tumor of uterus, single or multiple ; abdominal approach	Uterine pathologies	Major
Total abdominal hysterectomy (corpus and cervix), w/ or w/o removal of tube(s), w/ or w/o removal ovary(s);	Uterine, ovarian and fallopian pathologies	Major
Supracervical abdominal hysterectomy (subtotal hysterectomy), w/ or w/o removal of tube(s), w/ or w/o removal of ovary(s)	Uterine, ovarian and fallopian tube pathologies	Major
Total abdominal hysterectomy, including partial vaginectomy, w/ para-aortic and pelvic lymph node sampling, w/ or w/o removal of tube(s), w/ or w/o removal of ovary(s)	Uterine, ovarian, fallopian tube malignancies	Major
Radical abdominal hysterectomy, w/ bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), w/ or w/o removal of tube(s), w/ or w/o removal of ovary(s)	Uterine, ovarian malignancies	Major

Procedure	Disease	Classification
Pelvic exenteration for gynecologic malignancy, w/ total abdominal hysterectomy or cervicectomy, w/ or w/o removal of tube(s), w/ or w/o removal of ovary(s), w/ removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof	Uterine, ovarian, fallopian tube malignancies	Major
Vaginal hysterectomy;	Pelvic organ prolapse/stress urinary incontinence	Major
w/ removal of tube(s), and/or ovary(s)	Pelvic organ prolapse/stress urinary incontinence	Major
w/ removal of tube(s), and/or ovary(s), w/ repair of enterocele	Pelvic organ prolapse/stress urinary incontinence	Major
w/ colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type, w/ or w/o endoscopic control)	Pelvic organ prolapse/stress urinary incontinence	Major
w/ repair of enterocele	Pelvic organ prolapse/stress urinary incontinence	Major
Vaginal hysterectomy, w/ total or partial colectomy;	Pelvic organ prolapse/stress urinary incontinence	Major
w/ repair of enterocele	Pelvic organ prolapse/stress urinary incontinence	Major
Vaginal hysterectomy, radical (Schauta type operation)	Pelvic organ prolapse with associated cervical cancer	Major
Uterine suspension, w/ or w/o shortening of round ligaments, w/ or w/o shortening of sacrouterine ligaments;	Pelvic organ prolapse	Major
Hysterorrhaphy, repair of ruptured uterus (nonobstetrical)	Non-obstetrical uterine rupture (e.g. trauma)	Major
Hysteroplasty, repair of uterine anomaly (Strassman type)	Mullerian anomalies, eg. Septate uterus	Major
Laparoscopy, surgical, myomectomy, excision; intramural myomas and/ or removal of surface myomas	Uterine pathologies	Major
Laparoscopy surgical, with vaginal hysterectomy; with removal of tube(s) and/ or ovary(s)	Uterine pathologies	Major



Procedure	Disease	Classification
Hysteroscopy, diagnostic	Uterine pathologies	Minor
Hysteroscopy, surgical; with sampling (biopsy) of endometrium and / or polypectomy, with or without D & C	Uterine pathologies	Minor
<i>with lysis of intrauterine adhesions (any method)</i>	Uterine pathologies	Minor
<i>with division or resection of intraterine septum (any method)</i>	Uterine pathologies	Minor
<i>with removal of leiomyomata</i>	Uterine pathologies	Minor
<i>with removal of impacted foreign body</i>	Uterine pathologies	Minor
<i>with endometrial ablation (e.g., endometrial resection, electrosurgical ablation thermoablation)</i>	Uterine pathologies	Minor
<i>with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants</i>	Uterine pathologies	Minor
Laparoscopy, surgical; with lysis of adhesions (salpingolysis)	Fallopian tube pathologies	Minor
<i>with removal of adnexal structures (partial or total oophorectomy and/ or salpingectomy)</i>	Fallopian tube pathologies	Major
<i>with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method</i>	Fallopian tube pathologies	Minor
<i>with fulguration of oviducts (with or without transection)</i>	Fallopian tube pathologies	Minor
<i>with occlusion of oviducts by device (e.g., band, clip, or Falope ring)</i>	Fallopian tube pathologies	
<i>with fimbrioplasty</i>	Fallopian tube pathologies	Major
<i>with salpingostomy (salpingoneostomy)</i>	Fallopian tube pathologies	Major

Oviduct

Procedure	Disease	Classification
Tubal Reanastomosis	Fallopian tube pathologies	Major
Salpingectomy, complete or partial, unilateral or bilateral	Fallopian tube pathologies	Major
Salpingo-oophorectomy, complete or partial, unilateral or bilateral	Fallopian tube and ovarian pathologies	Major



Procedure	Disease	Classification
Lysis of adhesions (salpingolysis)	Fallopian tube pathologies	Major
Fimbrioplasty	Fallopian tube pathologies	Major
Salpingostomy (salpingoneostomy)	Fallopian tube pathologies	Major
Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method) w/ or w/o hysterosalpingography	Fallopian tube pathologies	Major

Ovary

Procedure	Disease	Classification
Aspiration of ovarian cyst(s), unilateral or bilateral ; vaginal approach	Ovarian cyst	Minor
Drainage of ovarian abscess; vaginal approach	Tuboovarian abscess	Minor
Ovarian cystectomy, unilateral or bilateral	Benign ovarian cysts (e.g. endometriotic cyst, dermoid cyst, serous cystadenoma, mucinous cystadenoma)	Major
Oophorectomy, partial or total, unilateral or bilateral;	Benign ovarian cysts	Major
<i>for ovarian malignancy, w/ para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, w/ or w/o salpingectomy(s), w/ or w/o peritoneal biopsies, diaphragmatic assessments, w/ or w/o salpingectomy(s), w/ or w/o omentectomy</i>	Ovarian cancer	Major
<i>Resection of ovarian malignancy w/ bilateral salpingo-oophorectomy and omentectomy;</i>	Ovarian cancer	Major
<i>w/ total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy</i>	Ovarian cancer	Major
<i>w/ radical dissection for debulking</i>	Ovarian cancer	Major



Procedure	Disease	Classification
Laparotomy, for staging or restaging of ovarian malignancy ("second look"), w/ or w/o omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment w/ pelvic and limited para-aortic lymphadenectomy	Ovarian cancer	Major
Ovariolysis	Lysis of Adhesions	Major

Breast Procedures

Procedure	Disease	Classification*
Puncture aspiration of cyst of breast	Simple breast cyst, Fibrocystic change	Minor
Mastotomy w/ exploration or drainage of abscess, deep	Breast abscess/Mastitis	Minor
Biopsy of breast; needle core, fine needle aspiration	Breast mass, benign or malignant	Minor
Excision of lactiferous duct fistula	Intraductal Papilloma	Minor
Excision of cyst, fibroadenoma, or other benign breast masses	Fibroadenoma, Fibrocystic change	Minor
Incision/Excision biopsy	Benign breast masses or breast cancer	Minor
Wide excision	Phyllodes tumor, Ductal carcinoma in-situ, Lobular carcinoma in-situ	Major
Total Mastectomy	Phyllodes tumor, Ductal carcinoma in-situ, Lobular carcinoma in-situ	Major
Mastectomy, subcutaneous	Silicone Mastitis	Major
Radical/Modified Radical Mastectomy	Breast cancer	Major
Lumpectomy/quadrantectomy, axillary node dissection	Breast cancer	Major
Lumpectomy, sentinel node biopsy +/- axillary node dissection	Breast cancer	Major
Breast reconstruction with latissimus dorsi flap, with or without prosthetic implant	Breast cancer, Phyllodes tumor, Ductal carcinoma in-situ, lobular carcinoma in-situ (after mastectomy)	Major
Breast reconstruction with free flap	Breast cancer, Phyllodes tumor, Ductal carcinoma in-situ, lobular carcinoma in-situ (after mastectomy)	Major
Breast reconstruction with other technique	Breast cancer, Phyllodes tumor, Ductal carcinoma in-situ, lobular carcinoma in-situ (after mastectomy)	Major

Procedure	Disease	Classification*
Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM)	Breast cancer, Phyllodes tumor, Ductal carcinoma in-situ, lobular carcinoma in-situ (after mastectomy)	Major

Legend:

**Classification refers to the estimated period of one's recuperation after surgery, if without concomitant medical problems.*

Minor – pertains to one's estimated period of recuperation requiring a maximum of two weeks

Major - pertains to one's estimated period of recuperation more than three weeks to two months

