



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
OBSTRUCTIVE AND REFLUX
NEPHROPATHY
(Balance of Probabilities)
(No. 86 of 2019)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

Dated 23 August 2019

The Common Seal of the
Repatriation Medical Authority
was affixed to this instrument
at the direction of:

A handwritten signature in black ink, appearing to read 'Nicholas Saunders'.

Professor Nicholas Saunders AO
Chairperson

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1 Name

This is the Statement of Principles concerning *obstructive and reflux nephropathy (Balance of Probabilities)* (No. 86 of 2019).

2 Commencement

This instrument commences on 23 September 2019.

3 Authority

This instrument is made under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

4 Repeal

The Statement of Principles concerning obstructive and reflux nephropathy No. 32 of 2011 (Federal Register of Legislation No. F2011L00769) made under subsection 196B(3) of the VEA is repealed.

5 Application

This instrument applies to a claim to which section 120B of the VEA or section 339 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 obstructive and reflux nephropathy and death from obstructive and reflux nephropathy.

*Meaning of **obstructive and reflux nephropathy***

- (2) For the purposes of this Statement of Principles, obstructive and reflux nephropathy:
- (a) means an acquired mechanical or functional impediment to normal urine flow, with urinary stasis and elevation in urinary tract pressure, causing:
 - (i) clinical or biochemical evidence of impaired renal function or renal parenchymal damage; or
 - (ii) calyceal deformity, or dilatation of the ureter (hydroureter) or renal pyelocalyceal system (hydronephrosis); and
 - (b) includes renal scarring due to acquired vesicoureteric reflux; and

- (c) excludes acute, transient urinary retention not due to a fixed mechanical obstruction.
- (3) While obstructive and reflux nephropathy attracts ICD-10-AM code N13, in applying this Statement of Principles the meaning of obstructive and reflux nephropathy 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 obstructive and reflux nephropathy

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

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

8 Basis for determining the factors

On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that obstructive and reflux nephropathy and death from obstructive and reflux nephropathy can be related to relevant service rendered by veterans 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 exist before it can be said that, on the balance of probabilities, obstructive and reflux nephropathy or death from obstructive and reflux nephropathy is connected with the circumstances of a person's relevant service:

- (1) having upper urinary tract obstruction, due to partial or complete blockage of the renal pelvicalyceal system, ureter or ureteropelvic junction on the affected side, before the clinical onset of obstructive and reflux nephropathy;

Note: Examples of causes of upper urinary tract obstruction include, but are not limited to, renal stone disease, benign or malignant neoplasm, faecal impaction, and complications of an indwelling ureteric stent.

- (2) having lower urinary tract obstruction, due to partial or complete blockage of the bladder outlet or urethra, before the clinical onset of obstructive and reflux nephropathy;

Note: Examples of causes of lower urinary tract obstruction include, but are not limited to, benign or malignant neoplasm of the prostate, bladder or urethra; benign prostatic hyperplasia; urethral sling; and urethral stricture or stenosis.

- (3) having a renal or ureteric transplant on the affected side, before the clinical onset of obstructive and reflux nephropathy;

- (4) having neurogenic bladder at the time of the clinical onset of obstructive and reflux nephropathy;

Note: *neurogenic bladder* is defined in the Schedule 1 - Dictionary.

- (5) having upper urinary tract obstruction, due to partial or complete blockage of the renal pelvicalyceal system, ureter or ureteropelvic junction on the affected side, before the clinical worsening of obstructive and reflux nephropathy;

Note: Examples of causes of upper urinary tract obstruction include, but are not limited to, renal stone disease, benign or malignant neoplasm, faecal impaction, and complications of an indwelling ureteric stent.

- (6) having lower urinary tract obstruction, due to partial or complete blockage of the bladder outlet or urethra, before the clinical worsening of obstructive and reflux nephropathy;

Note: Examples of causes of lower urinary tract obstruction include, but are not limited to, benign or malignant neoplasm of the prostate, bladder or urethra; benign prostatic hyperplasia; urethral sling; and urethral stricture or stenosis.

- (7) having a renal or ureteric transplant on the affected side, before the clinical worsening of obstructive and reflux nephropathy;

- (8) having neurogenic bladder at the time of the clinical worsening of obstructive and reflux nephropathy;

Note: *neurogenic bladder* is defined in the Schedule 1 - Dictionary.

- (9) inability to obtain appropriate clinical management for obstructive and reflux nephropathy.

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.
- (2) The factors set out in subsections 9(5) to 9(9) apply only to material contribution to, or aggravation of, obstructive and reflux nephropathy where the person's obstructive and reflux nephropathy was suffered or contracted before or during (but did not arise out of) the person's relevant service.

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(3) 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*.

neurogenic bladder means flaccid, spastic or mixed bladder dysfunction caused by neurological damage affecting the bladder.

Note: Examples of causes of neurogenic bladder include, but are not limited to, spinal cord injury, cerebrovascular accident, Parkinson's disease and diabetic autonomic neuropathy.

obstructive and reflux nephropathy—see subsection 7(2).

relevant service means:

- (a) eligible war service (other than operational service) under the VEA;
- (b) defence service (other than hazardous service and British nuclear test defence service) under the VEA; or
- (c) peacetime service under the MRCA.

Note: **MRCA** and **VEA** are also 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*.