Last name _____, First name _____, MI ____, Suffix _____ * Chart number _____

Postop Encounters: ◉ Add visit ○ Incontinence/Prolapse: Incontinence Assessment ○ Incontinence/Prolapse: Prolapse Assessment

Encounter type: Postoperative, Routine

* Visit date _____/_____/_____

Height _____ ❍cms ❍ins Weight_____ ❍kgs ❍lbs Temp: ❍ Normal (F: 97.5 -99.5 | C: 36.4 – 37.5)___ ❍F ❍C ❍ Above or below normal ❍ Unknown

Postop Encounters: ○ Add visit ◉ Incontinence/Prolapse: Incontinence Assessment ○ Incontinence/Prolapse: Prolapse Assessment

Primary Surgical Indication (PSI): INCONTINENCE

* Does the patient have symptoms of stress incontinence? ❍ Yes ❍ No

If 'Yes' did the patient have a UDI-6 evaluation? ❍ Yes ❍ No [If 'Yes' complete UDI-6 evaluation Encounter Form.]
If 'Yes' did the patient have an IIQ-7 evaluation? ❍ Yes ❍ No [If 'Yes' complete IIQ-7 evaluation Encounter Form.]
[NOTE: A version of the UDI-6 and IIQ-7 is available to print for the patient's use in the Forms and Reports section of BOLD.]

* Does the patient have symptoms of overactive bladder? ❍ Yes ❍ No
If 'Yes' did the patient have a UDI-6 evaluation? ❍ Yes ❍ No [If 'Yes' complete UDI-6 evaluation Encounter Form.]
If 'Yes' did the patient have an IIQ-7 evaluation? ❍ Yes ❍ No [If 'Yes' complete IIQ-7 evaluation Encounter Form.]
[NOTE: A version of the UDI-6 and IIQ-7 is available to print for the patient's use in the Forms and Reports section of BOLD.]

* Did the patient have a cough stress test (CST)? ❍ Yes ❍ No
If 'Yes': Upright results: ❑ Positive for leakage ❑ Negative for leakage ❑ Not done
If 'Yes': Supine results: ❑ Positive for leakage ❑ Negative for leakage ❑ Not done

Did the patient have formal urodynamics testing done? ❍ Yes ❍ No
If 'Yes' does the patient have urodynamic stress incontinence? ❍ Yes ❍ No
If 'Yes' does the patient have detrusor overactivity? ❍ Yes ❍ No
If 'Yes' does the patient have incomplete bladder emptying? ❍ Yes ❍ No

Postop Encounters: ○ Add visit ○ Incontinence/Prolapse: Incontinence Assessment ◉ Incontinence/Prolapse: Prolapse Assessment

Primary Surgical Indication (PSI): PROLAPSE

* Does the patient have symptoms of prolapse? ❍ Yes ❍ No

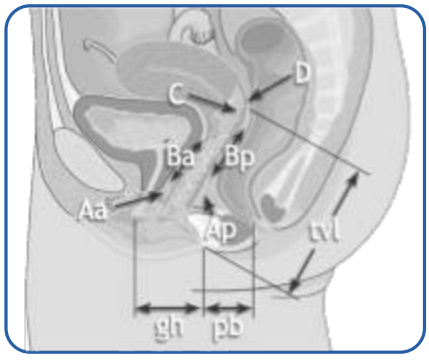
If 'Yes' did the patient have a hysterectomy? ❍ Yes ❍ No

If 'Yes' did the patient have a Pelvic Organ Prolapse Quantification (Pop-Q) evaluation? ❍ Yes ❍ No

If 'Yes' complete Pelvic Organ Prolapse Quantification (Pop-Q) Evaluation

If 'No' complete Prolapse Evaluation.

Pelvic Organ Prolapse Quantification (Pop-Q) Evaluation



_____ Aa – Anterior Wall
_____ Ba – Anterior Wall*
_____ C – Cervix or Cuff*
_____ Gh – Genital Hiatus
_____ Pb – Perineal Body
_____ Tvl – Total Vaginal Length
_____ Pa – Posterior Wall
_____ Bp – Posterior Wall*
_____ D – Posterior fornix
_____ Stage (1-2-3-4)
*Required entries

Pt	Description	Range
Aa	Anterior vaginal wall 3 cm proximal to the hymen	-3 cm - +3cm
Ba	Most distal position of the remaining upper anterior vaginal wall	-3cm - +tvl
C	Most distal edge of cervix or vaginal cuff scar	
D	Posterior fornix (N/A if post-hysterectomy)	
Ap	Posterior vaginal wall 3 cm proximal to the hymen	-3cm - +3cm
Bp	Most distal position of the remaining upper posterior vaginal wall	-3cm - +tvl

Stage	Description
Stage 0	Aa, Ap, Ba, Bp = -3 cm and C or D ≤ - (tvl - 2) cm
Stage 1	Stage 0 criteria not met and leading edge < -1 cm
Stage 2	Leading edge ≥ -1 cm but ≤ +1 cm
Stage 3	Leading edge > +1 cm but < + (tvl - 2) cm
Stage 4	Leading edge ≥ + (tvl - 2) cm

Prolapse Evaluation	Stage I	Stage II	Stage III	
Spex (uterine)	❍ Normal	❍ Above hymen	❍ At hymen	❍ Past hymen
Apex (vaginal)	❍ Normal	❍ Above hymen	❍ At hymen	❍ Past hymen
Apex (vault)	❍ Normal	❍ Above hymen	❍ At hymen	❍ Past hymen
Anterior (cystocele)	❍ Normal	❍ Above hymen	❍ At hymen	❍ Past hymen
Posterior (rectocele)	❍ Normal	❍ Above hymen	❍ At hymen	❍ Past hymen

Additional comments _____

_____

* Required Fields in Database

Last name _____, First name _____, MI ____, Suffix _____ * Chart number _____

Postoperative Encounter: Quality of Life: Quality of Life

Encounter type: Postoperative, Routine

Visit date _____/_____/_____

Is the patient able to work? ❍ Yes ❍ No ❍ Not applicable

If 'No, since when? _____/_____/_____

If previous QOL response was 'No'

Is the patient able to return to work? ❍ Yes ❍ No

If 'Yes', when? _____/_____/_____

Is the patient able to drive? ❍ Yes ❍ No ❍ Not applicable

If 'No, since when? _____/_____/_____

If previous QOL response was 'No'

IIs the patient able to resume driving? ❍ Yes ❍ No

If 'Yes', when? _____/_____/_____

Is the patient able to exercise? ❍ Yes ❍ No

If 'No, since when? _____/_____/_____

If previous QOL response was 'No'

Is the patient able to resume exercising? ❍ Yes ❍ No

If 'Yes', when? _____/_____/_____

Is the patient able to perform household activities? ❍ Yes ❍ No

If 'No, since when? _____/_____/_____

If previous QOL response was 'No'

Is the patient able to resume household activities? ❍ Yes ❍ No

If 'Yes', when? _____/_____/_____

Additional comments _____

_____

* Required Fields in Database

Last name _____, First name _____, MI ____, Suffix _____ * Chart number _____

Postop Encounters: Add visit: ◉ Post-discharge Complication

Encounter type: Postoperative encounter, complication

* Encounter date _____/_____/_____

Complications: Postoperative Encounters

Category	* Complication
Cardiovascular	❑ Myocardial Infarction ❑ Deep Vein Thrombi ❑ Superficial Phlebitis ❑ Cardiac arrest
Gastrointestinal	❑ Ileus ❑ Paralytic ileus
Hemorrhage /Vascular	❑ Bleeding / hemorrhage, undetermined etiology ❑ Bleeding / hemorrhage, intra-abdominal ❑ Bleeding / hemorrhage, vaginal
Hysteroscopy	❑ Hyponatremia ❑ Fluid Overload Syndrome ❑ Post Tubal-Abla Synd
Infection	❑ Temp > 100.4 F ❑ Endometritis ❑ Vaginitis ❑ Cuff Cellulitis ❑ Necrotizing fasciitis ❑ Wound infection ❑ Infection, surgical site ❑ Other Infectious
Mortality	❑ Mortality due to bleeding ❑ Mortality due to cardiac failure ❑ Mortality due to myocardial infarction ❑ Mortality due to other cause ❑ Mortality due to pulmonary embolus ❑ Mortality due to respiratory failure, including ARDS
Pulmonary	❑ Atelectasis ❑ Pneumonia ❑ Pulmonary Embolus ❑ Pulmonary Edema ❑ ARDS (acute respiratory distress syndrome) ❑ Respiratory failure
Surgical	❑ Bladder Injury ❑ Ureteral Injury ❑ Bowel Injury/Perforation ❑ Vascular Injury ❑ Nerve Injury/Deficit ❑ Wound, other complications
Urinary	❑ UTI (urinary tract infection) ❑ Urinary Retention
Other	❑ Abdominal pain, undetermined etiology ❑ Hernia, surgical incision site
OTHER	❑ _____

Was the patient seen in the Emergency Department as a result of this complication? ❍ Yes ❍ No

Was the patient admitted to a facility as a result of this complication? ❍ Yes ❍ No

If 'Yes' add 'Operative Encounter, complication from surgery'.

Additional comments

_____

_____

* Required Fields in Database