



**Question by Question Specifications Guide**  
**Form 54: Follow-Up POP-Q Exam**  
**Version 09/06/02 (A)**

**I. Purpose**

The purpose of the of the follow-up POP-Q Exam is to reassess the patient’s prolapse status and to determine whether the patient has developed vaginal prolapse since her index surgery for urinary incontinence. This procedure will be performed according to the guidelines established by the International Continence Society (Bump et al., 1996) and will be standardized as demonstrated in the videotape produced by Duke University Medical Center (“Pelvic Organ Prolapse Quantification Exam”). Refer to the Physical Examination Procedures Manual located in the Manual of Operations for details of how to perform this procedure.

**I. Administration**

**A. Timing**

In most instances, the Data Form will be completed after the POP-Q Exam has been conducted. Therefore, data will be abstracted from the medical record. The Data Form can also be completed by the examiner after conducting the exam.

**B. Source**

These data should be abstracted from the medical record provided the exam was completed in accordance with the UITN protocol and conducted by a UITN certified examiner.

**C. Certification of UITN Examiners and Data Collectors**

Examiners and data collectors must be certified by and registered with the BCC as a UITN Examiner/Data Collector. The obligations of certification are documented in the QA Plan. Data gathered by non-certified persons should not be entered into the UITN DMS.

**D. Materials Needed:**

- Small hand-held mirror
- Clear plastic ruler
- Graduated ring forceps
- Bivalve speculum
- Sims speculum

**III. Section by Section Review**

**Section A: General Study Information**

A1. **Study ID Number:** Affix the patient ID label in the spaces provided in the A1 field and in the upper right-hand corner of each page of the Data Form. At all costs, avoid handwriting ID numbers. Transcription errors are very common when transcribing long numbers, and errors in an eight-digit ID usually cannot be corrected. Furthermore, handwritten numbers are often illegible. Most research studies will not accept handwritten IDs, making the data gathered on such Data Forms unusable.

- A2. **Visit Number:** If this Data Form is being completed as part of a scheduled UITN study visit, circle the correct visit code. If it is being completed solely because of a treatment failure, circle FAIL.
- B1-B9. **Points Aa, Ba, C, D, Ap, Bp, GH, PB, TVL:** Document the position or length of each of the nine anatomic landmarks in the “Record Value” column of the table to the tenth of a centimeter. The convention for recording these values is: a positive or negative sign recorded in the first space available in the “Record Value” column, followed by any necessary leading zeroes, and then followed by the actual value. For example, “-3” should be recorded as - 0 3.0; “+3” should be recorded as + 0 3.0. A description of the measure and the accepted range of values is included in the table as a memory aid. Point D is omitted (N/A) for any patient who has had their cervix removed as part of a total hysterectomy. In such cases, circle code “888”.
- B10. **Indicate the Stage of Prolapse:** Circle the appropriate Stage according to the staging system summarized at the bottom of the page.
- B11. **Date POP-Q Exam Completed:** Record the date on which the POP-Q Exam was completed. All dates must be in the format of mm/dd/yyyy.
- B12. **POP-Q Examiner’s Initials:** Enter the initials of the examiner who conducted the POP-Q Exam. Enter the first initial in the first space provided, middle initial in the second space provided and last initial in the third space provided. If the examiner doesn’t have a middle initial, strike a dash in the second space. If the examiner’s last name is hyphenated or s/he has 2 last names, enter the initials of his/her first last name in the third space.
- B13. **Date Abstract Completed:** Record the date on which the abstraction was completed. All dates must be in the format of mm/dd/yyyy.
- B14. **Abstractor’s Initials:** Enter the initials of the person abstracting the data. If the examiner is filling out this Data Form, code “-3” for this item. Enter the first initial in the first space provided, middle initial in the second space provided and last initial in the third space provided. If the abstractor doesn’t have a middle initial, strike a dash in the second space. If the abstractor’s last name is hyphenated or s/he has 2 last names, enter the initials of his/her first last name in the third space.