



Section A: General Study Information for Office Use Only:

A1. Study ID#:

A2. Visit # Surgery.....SURG

A3. Date of Surgery: ___/___/___
Month Day Year

A4. Date Form Completed: ___/___/___
Month Day Year

A5. Initials of Person Completing this Form: _____
(Certified Surgeon)

A6. Which primary surgery was performed? Sling 1
Burch 2 ➔ **SKIP TO SECTION C, PAGE 2**

SECTION B: THE SLING PROCEDURE

B1. Length of **abdominal** incision: ___ cm

B2. Orientation of **abdominal** incision: Vertical..... 1
Horizontal..... 2
Other 99 ➔ SPECIFY: _____

B3. Orientation of **vaginal** incision: Single midline incision 1
2 lateral incisions 2
Inverted U incision 3
Other 99 ➔ SPECIFY: _____

B4. Sling material used: Autologous, **Rectus fascia** (required by the protocol) 1 ➔ **SKIP TO B5**
Autologous, **Fascia lata** 2

B4a. Why was autologous fascia lata used as the sling material? _____

B5. Sutures for closure of harvest site: Delayed absorbable..... 1
Permanent..... 2
Other 99 ➔ SPECIFY: _____

B6. Size of sling material: a. Length _____ cm
b. Narrowest Width _____ cm
c. Widest Width _____ cm

B7. Suture of sling material: Simple One Stitch per side 1
Two Stitches per side..... 2
Helical x3 per side 3
Other 99 ➔ SPECIFY: _____

B8. Were the sling ends folded? Yes 1
No..... 2

B9. Were the sutures tied **over** or **to** the rectus fascia? Tied **OVER** fascia 1
Tied **TO** fascia 2

B10. Suture material used: Polypropylene (required by the protocol) 1 ➔SKIP TO B11
Other 99 ➔ SPECIFY: _____

B10a. Why was a suture material other than polypropylene used? _____

B11. Suture gauge : 1 1 ➔SKIP TO SECTION D
0 2 ➔SKIP TO SECTION D
Other 99 ➔SPECIFY: _____

B11a. Why was a suture gauge other than 1 or 0 used? _____

SKIP TO SECTION D

SECTION C: THE BURCH PROCEDURE

C1. Length of abdominal incision: _____ cm

C2. Orientation of incision: Vertical..... 1
Horizontal..... 2
Other 99 ➔ SPECIFY: _____

C3. Suture material used: Polypropylene (required by the protocol)..... 1 →SKIP TO C4
Other..... 99 → SPECIFY: _____

C3a. Why was a suture material other than polypropylene used? _____

C4. Suture gauge: 1 1 →SKIP TO C5
0 2 →SKIP TO C5
Other 99 → SPECIFY: _____

C4a. Why was a suture gauge other than 1 or 0 used? _____

C5. Number of sutures on each side? (NOTE: The number must be equal on each side.)
2 sutures 2
3 sutures 3
Other 99 → SPECIFY: _____

C6. Number of suture passes through Cooper’s ligament: One Pass..... 1
Two Passes 2

SECTION D: OTHER OPERATIVE INFORMATION

D1. Were any other surgeries performed? Yes..... 1
No 2 →SKIP TO D2

Circle yes or no for all types:

	YES	NO
a. Enterocele repair.....	1	2
b. Abdominal sacral colpopexy.....	1	2
c. Uterosacral ligament vault suspension.....	1	2
d. Sacrospinous ligament vault suspension.....	1	2
e. Iliococcygeus vault suspension.....	1	2
f. Anterior colporrhaphy/anterior repair with allograft	1	2

Circle yes or no for all types:

YES NO

- g. Vaginal paravaginal repair..... 1 2
- h. Abdominal (retropubic) paravaginal repair..... 1 2
- i. Standard posterior colporrhaphy..... 1 2
- j. Defect-directed posterior repair 1 2
- k. Posterior repair with allograft or autograft placement ... 1 2
- l. Vaginal hysterectomy 1 2
- m. Abdominal hysterectomy..... 1 2
- n. Oophorectomy 1 2
- o. Hernia repair 1 2
- p. Other 1↓ 2

SPECIFY: _____

Medical Staff Present at Surgery

D2. Surgeon of record (Initials): _____

D2a. Did a **resident** assist? Yes 1 No 2 D2b. SPECIFY PGY* #: _____

D2c. Did a **fellow** assist? Yes 1 No 2 D2d. SPECIFY PGY* #: _____

*PGY= Post-Graduate Year

D3. Was a **non-study surgeon** present? Yes 1↓ No..... 2 →SKIP TO D4

D3a. Specify Specialty: _____

D4. Did any other medical professional assist? Yes..... 1↓ No..... 2 →SKIP TO D5

D4a. Specify: _____

D5. Record **entire** operative times in military time: a. **First** incision started: _____ : _____

b. **Last** wound closed: _____ : _____

D6 – D10. What type(s) of anesthesia was used?

Circle yes or no for all types listed:

YES	NO
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- D6. General 1 2
- D7. Spinal..... 1 2
- D8. Epidural 1 2
- D9. Sedation..... 1 2
- D10. Local..... 1 2

D11. Was the patient given prophylactic antibiotics **prior** to surgery?

- Yes..... 1
- No..... 2 ➔ **SKIP TO D12**

D11a. Administration time closest to first incision: _____ : _____
(Use military time)

D12. Was a local pain medication administered **before incision** to minimize post-operative pain?

- Yes..... 1 ➔ D12a. Medication name: _____
- No..... 2

D13. Was a local pain medication administered **before closing** to minimize post-operative pain?

- Yes..... 1 ➔ D13a. Medication name: _____
- No..... 2

D14. Specify type of urine drain in place: Urethral catheter 1
 Supra pubic catheter 2
 None 4

D15. What type of wound drain was in place? JP 1
 Penrose 2
 Other 99 ➔ SPECIFY: _____
 None 4

D16. Results of cystoscopy: Normal..... 1 ➔ **SKIP TO SECTION E**
 Abnormal..... 2

D16a. Describe: _____

SECTION E: OPERATIVE COMPLICATIONS DURING SURGERY

REMINDER: COMPLETE ADVERSE EVENT FORMS AS REQUIRED

E1. Were any **organ injuries** recognized intra-operatively?

Yes..... 1

No..... 2 → **SKIP TO E2**

Circle yes or no for all types listed:

	<i>YES</i>	<i>NO</i>
a. Bladder injury	1	2
b. Urethral injury	1	2
c. Ureteral injury	1	2
d. Fistula	1	2
e. Intestinal injury	1	2
f. Rectal injury	1	2
g. Vascular injury	1	2
h. Nerve injury	1↓	2
Specify site: _____		
i. Other	1↓	2
Specify: _____		

E1j. Were there any treatments for organ injuries that occurred during surgery?

Yes..... 1

No..... 2 → **SKIP TO E2**

E1k. Describe any treatments for any organ injuries that occurred during surgery: _____

E2. Were any **cardiovascular complications** recognized intra-operatively?

Yes..... 1

No..... 2 → **SKIP TO E3**

Circle yes or no for all types listed:

	<i>YES</i>	<i>NO</i>
a. Myocardial infarction	1	2
b. Cerebrovascular accident	1	2
c. Other	1↓	2
Specify: _____		

E2d. Were there any treatments for cardiovascular complications that occurred during surgery?

Yes..... 1

No..... 2 → **SKIP TO E3**

E2e. Describe any treatments for any CV complications that occurred during surgery: _____

E3. Were any **other operative complications** of any kind recognized intraoperatively?

Yes..... 1

No..... 2 → **SKIP TO E4**

E3a. Describe: _____

E3b. Were there any treatments for any other complications of any kind that occurred during surgery?

Yes..... 1

No..... 2 → SKIP TO E4

E3c. Describe any treatments for any other operative complications: _____

E4. Estimated blood loss: _____ ml

E5. Did the patient receive a **red blood cell transfusion** during surgery?

Yes 1

No..... 2 → SKIP TO E6

E5a. Number of **autologous** units: _____ units

E5b. Number of **non-autologous** units: _____ units

E6. Did the patient experience an **anesthetic complication requiring admission to the ICU?**

Yes..... 1

No..... 2

E7. Did the patient **expire?**

Yes 1

No..... 2

****REMINDER: COMPLETE ADVERSE EVENT FORMS & DEATH FORM AS REQUIRED****

SECTION F: SURGEON'S SIGNATURE

Surgeon's Signature: _____ Date: ____ / ____ / ____
Month Day Year