

## F311: Discharge Measures, version 03/27/06 (A)\_rev08/30/07

	Section	A: General Stu	dy Informati	on for Office	Use Only:	
<b>A1.</b> Study ID#:	Label		A2.	Visit # Surg	eryTSR	a.G
<b>A3.</b> Date Form Co		_/	<b>A4.</b> I	nitials of Pers	on Completing Se	
	Month Day	Year				(Certified Surgeon of Reco
SECTION B: A	DVERSE EVENTS AND	COMPLICAT	IONS – POS		VE	
B1. Did the	e patient receive a <b>red bloo</b>	d cell transfusi	on in the post-	operative peri	iod?	
	Yes	1♥	No	2 🗗	SKIP TO B2	
Doggues the f	requency of at least o	no ostogowy	is vory low	the verieb	lo was not ind	uded in the detect
Decause the I	requency of at least o	ne category	is very low,	the variab	ie was not ilici	nded in the dataset
	*REM	INDER: COMI	PLETE FORM	1 391 AS REQ	QUIRED*	
Bla.	Number of autologous uni	ts:	/unit	5		
Because the f	requency of at least o	ne category	is very low,	the variab	le was not incl	uded in the dataset
			\ \			
B1b.	Number of non-autologou	s units:	units	,		
Because the f	requency of at least o	ne category	is very low.	the variab	le was not incl	uded in the dataset
B2. Did any	y adverse events or complic	cations occur in	the post-opera	tive period? <b>I</b>	REVIEW BOX AT	BOTTOM OF PAGE
	Yes	1♥	No	2 🗗	SKIP TO SECT	CION C
	AE DOSTOR	Eroguanav	Doroant	Cum Erog	Cum Daraant	l
	AE_POSTOP	Frequency 10	Percent 1.68	Cum Freq 10	Cum Percent 1.68	
	2	587	98.32	597	100.00	Ì

	Event Number (Refer to Pt AE Log)	Event Code (Refer to Box Below)	If Event Code = 99, Specify
a.		→	
b.		>	
c.		>	
d.		>	
e.		>	
f.		>	

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g.	 >	
2		

## \*REMINDER: COMPLETE SEPARATE FORM F391 FOR EACH ADVERSE EVENT OR COMPLICATION LISTED\*

EVENT CODES REFERENCE FOR B2							
01 = Bladder Perforation 02 = Urethral Perforation 03 = Acute Renal Failure 04 = Anesthetic Complication 05 = Device Malfunction 06 = DVT 07 = Pulmonary Embolus 08 = MI	09 = CVA 10 = Death 11 = Intraoperative Bleeding 12 = Postoperative Bleeding 13 = Bowel Injury 14 = Rectal Injury 15 = Vascular Injury 16 = Mesh Complication: Erosion	17 = Mesh Complication: Exposure 18 = Surgical Site Infection: Superficial Incisional 19 = Surgical Site Infection: Deep Incisional 20 = Surgical Site Infection: Organ/Space 21 = Culture-Proven UTI 22 = Empiric UTI	23 = Recurrent UTI 24 = Fistula: Vesicovaginal 25 = Fistula: Urethrovaginal 26 = Fistula: Enterovesical 27 = Fistula: Rectovaginal 28 = Neurologic Symptoms 99 = Other				



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## SECTION C: RETROGRADE FILL VOIDING TRIAL

## SECTION C MAY BE COMPLETED BY A TOMUS CERTIFIED DATA COLLECTOR.

C1. Was a voiding trial completed prior to discharge?

RETRO_VT	Frequency	Percent	Cum Freq	Cum Percent
1	582	97.49	582	97.49
2	15	2.51	597	100.00

Later than the date of surgery...... 2

Trial not done prior to discharge ...... 3 → SKIP TO C1aii

Year

LAST_VT	Frequency	Percent	Cum Freq	Cum Percent
1	395	66.16	395	66.16
2	190	31.83	585	97.99
3	12	2.01	597	100.00

Clai. Specify date voiding trial performed:

		1		
VT_Days	Frequency	Percent	Cum Freq	Cum Percent
	407			
1	172	90.53	172	90.53
2	13	6.84	185	97.37
3	4	2.11	189	99.47
4	1	0.53	190	100.00

Frequency Missing = 407

Claii. Specify reason(s) the trial was not performed or performed later than the date of surgery:

a.	Concurrent surger	У		1	2
	CON SURG	Frequency	Percent	Cum Freq	Cum Percent
	-2	395	66.16	395	66.16
	1	118	19.77	513	85.93
	2	84	14.07	597	100.00
b.	Bladder perforation	on		1	2
b.	Bladder perforation	on Frequency	Percent	1 Cum Freq	2 Cum Percent
b.			Percent 66.16		
b.	BLAD_PER	Frequency		Cum Freq	Cum Percent

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	VAG_PACK	Frequency	Percent	Cum Freq	Cum Percent	
	-2	395	66.16	395	66.16	
	1	82	13.74	477	79.90	
	2	120	20.10	597	100.00	
				J.		
d. Re	gional anesthesi			1	2	
u. Ke	gional anestnesi	a		1		
l r	REG ANESTH	Frequency	Percent	Cum Freq	Cum Percent	1
	-2	395	66.16	395	66.16	-
	1	2	0.34	397	66.50	_
-	2	200	33.50	597	100.00	-
L	Z	200	33.30	391	100.00	_
e. Ov	ver sedation			1	2	
C. O.	or scuation			1		
	OVER SED	Frequency	Percent	Cum Freq	Cum Percent	
	-2	395	66.16	395	66.16	
		12	2.01	407	68.17	
	2		31.83	597		
	2	190	31.83	597	100.00	\
					$\sim$	
f. Ex	cessive discomf	ort				
1.	eessive disconn	OIT				
	EX DISCOM	Frequency	Percent	Cum Freq	Cum Percent	
	-2	395	66.16	395	66.16	)
	1	15	2.51	410	68.68	/
	2	187	31.32	597	100.00	
		107	31.32	337	/ \	
		\    \	\/ /			
g. Sta	affing constraint	s	V /	\ 1		
-		<del>-                                     </del>				
						•
	STAFF_CON	Frequency	Percent	Cum Freq	Cum Percent	
	-2	395	66.16	395	66.16	
	1	8	1.34	403	67.50	
	2	194	32.50	597	100.00	
						•
	-					
h. Ot	her			1₩	2	
				ı l		
	VT OTHER	English	Down	CE	Com Done	
	VT_OTHER	Frequency	Percent	Cum Freq	Cum Percent	
	-2	395	66.16	395	66.16	
	1	34	5.70	429	71.86	
	2	168	28.14	597	100.00	
	iC					
Sp	ecify:					
1						

C2. Was the bladder filled to 300mL or to bladder capacity <300mL?

Bladder capacity <300mL ..... 2

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mL

BLAD_FILL	Frequency	Percent	Cum Freq	Cum Percent
-9	5	0.84	5	0.84
1	486	81.41	491	82.24
2	74	12.40	565	94.64
3	20	3.35	585	97.99
4	12	2.01	597	100.00

C2a. Specify bladder capacity: \_\_\_\_ mI

	Analysis Variable : MCC							
N	N Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
74	0	240.5	32.0	160.0	220.0	240.0	270.0	290.0

MCC	Frequency	Percent	Cum Freq	Cum Percent
-9	5	0.96	5	0.96
-2	518	99.04	523	100.00

C3. Voided volume \_\_\_\_ r

C4. PVR

				Analysis Var	riable : VOID_V	VOL		
	N				Lower		Upper	
N	Miss	Mean	SD	Minimum	Quartile	Median	Quartile	Maximum
576	0	240.9	114.5	0.0	200.0	260.0	300.0	535.0
					\ / /			

	VOID_VOL	Frequency	Percent	Cum Freq	Cum Percent
	-9	9	42.86	9	42.86
_	-2	12	57.14	21	100.00

	Analysis Variable : PVR								
1		N				Lower		Upper	
	N	Miss	Mean	SD	Minimum	Quartile	Median	Quartile	Maximum
	573	0	73.70	127.41	-150.00	0.00	30.00	100.00	750.00

PVR	Frequency	Percent	Cum Freq	Cum Percent
-9	7	29.17	7	29.17
-2	13	54.17	20	83.33
999	4	16.67	24	100.00

C4a. Was the PVR calculated or measured?

Calculated PVR ..... 1

Measured PVR..... 2

PVR_METHOD	Frequency	Percent	Cum Freq	Cum Percent
-9	7	1.17	7	1.17
-2	12	2.01	19	3.18
1	471	78.89	490	82.08
2	107	17.92	597	100.00

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						71111X 1D Educi Here
C5.	Outcome of the last voiding trial:					
	Pass	1				
	Fail	2				
	LAST VT OUT	Frequency	Percent	Cum Freq	Cum Percent	
	-9	3	0.50	3	0.50	
	-2	12	2.01	15	2.51	
	1	441	73.87	456	76.38	
	2	141	23.62	597	100.00	
C6.	Specify type of voiding management a	at discharge:				
		Č				
	Urethral catheter			1		
	Clean intermittent self-cath	neterization (CI	SC)	2		
			,			
	Self-voiding			3		
	VIA DIGGHARGE	F	D (	С		
	VM_DISCHARGE	Frequency	Percent 19.10	Cum Freq	Cum Percent	
	2	114 29	4.86	114 143	19.10 23.95	
	3	454	76.05	597	100.00	-
	3	134	70.03	371	100.00	_
OF COR	ION D. DIGGILL DGE INFORMATION					
SECTI	ON D: DISCHARGE INFORMATION		\ / /			
an an	ION D MAN DE COMPI ETED BY A	TOLUIC CERT	ALLER A	· COLLEGE	\ \ \ \	
SECT	ION D MAY BE COMPLETED BY A	TOMUS CERT	THED DATA	A COLLECTO	DR.	
			\ \/ /			
D1.	Date of hospital admission:	\/	'			
		Month	Day	Year		
	HOOD ADMIT I				C P	
	HOSP_ADMIT_days	Frequency	Percent 0.17	Cum Freq	Cum Percent	
	0	593	99.33	594	99.50	
	1	2	0.34	596	99.83	
	366	1	0.17	597	100.00	
	300	1	0.17	371	100.00	
D.2			,			
D2.	Date of discharge:	Month /	/		-	
		Month	Day	<b>ү</b> еаг		
	HOSP DIS days	Frequency	Percent	Cum Freq	Cum Percent	
	0	387	64.82	387	64.82	-
	1	178	29.82	565	94.64	7
	2	27	4.52	592	99.16	1
	3	2	0.34	594	99.50	
	4	1	0.17	595	99.66	
	10	1	0.17	596	99.83	
	366	1	0.17	597	100.00	

D3. Was the patient **discharged with medications** specific to her recovery from the TOMUS surgery?

YES ..... 1

DIS_MED	Frequency	Percent	Cum Freq	Cum Percent
1	589	98.66	589	98.66

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DIS_MED	Frequency	Percent	Cum Freq	Cum Percent
2	8	1.34	597	100.00

D3a. List medications by name. Include all for which a script was written including controlled and uncontrolled medications:

<b>MEDICATION</b>				NAME		
1						
2						
3						
D4a. Initials of Study S				Mon	th Day ctions:	Year
5. Initials of Person Compl	eting Section	ns C and D:	(Initials	) <u> </u>	Month Day	/ Year
Analysis Va	ariable : CD_C	COMP_Days				
N Miss	Mann C	D Minim	Lower um Quartile	e Media	Upper n Quartile	Maximum
N Miss 597 0		4.1 0.0	0.0	1.0	6.0	411.0
CCTION E: SURGEON'S SI	IGNATURE		\ \ /			
is the form signed by the surg	geon?		N V			
		requency	Percent	Cum Freq	Cum Percent	
	59	7	100.00	597	100.00	
		/ /		•.		, 1 1
have reviewed the above-sta	ted\informa	ation and an	n confirming	g its accura	cy wun my sig	gnature below.

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