

SECTION A: GENERAL STUDY INFORMATION FOR OFFICE USE ONLY:

A1. STUDY ID #: A2. VISIT # F/U 2 Weeks TF2W

A3. DATE INTERVIEW COMPLETED: ____ / ____ / ____
MONTH DAY YEAR A4. INTERVIEWER INITIALS: _____

A5. INTERVIEW TYPE? IN-PERSON 1 A6. FORM VERSION USED? ENGLISH 1
 TELEPHONE 2 SPANISH..... 2

int_type	Frequency	Percent	Cum Freq	Cum Percent
1	565	95.93	565	95.93
2	24	4.07	589	100.00

SECTION B: BLADDER AND BOWEL SYMPTOMS

B1. Compared to before your surgery for urinary incontinence, have you had an increase in your frequency of urination?

YES 1

NO 2

UR_FREQ	Frequency	Percent	Cum Freq	Cum Percent
1	137	23.26	137	23.26
2	452	76.74	589	100.00

B2. Do you **currently** have to...

YES	NO
-----	----

a. ... strain to urinate? 1 2

STRAIN_UR	Frequency	Percent	Cum Freq	Cum Percent
1	34	5.77	34	5.77
2	555	94.23	589	100.00

b. ... bend forward to urinate? 1 2

BEND_UR	Frequency	Percent	Cum Freq	Cum Percent
1	84	14.26	84	14.26
2	505	85.74	589	100.00

c. ... lean back to urinate? 1 2

LEAN_UR	Frequency	Percent	Cum Freq	Cum Percent
1	35	5.94	35	5.94
2	554	94.06	589	100.00

d. ... stand up to urinate? 1 2

STAND_UR	Frequency	Percent	Cum Freq	Cum Percent
1	9	1.53	9	1.53
2	580	98.47	589	100.00

e. ... press on your bladder to urinate? 1 2

PRESS_UR	Frequency	Percent	Cum Freq	Cum Percent
1	12	2.04	12	2.04
2	577	97.96	589	100.00

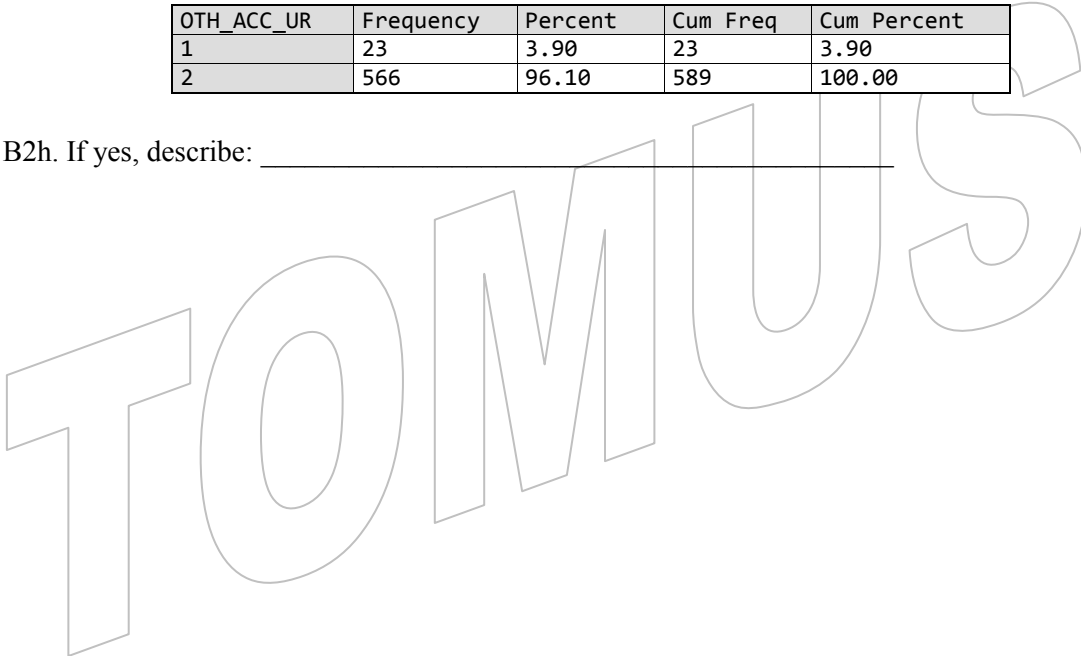
f. ... push on the vagina or perineum to empty your bladder? 1 2

PUSH_UR	Frequency	Percent	Cum Freq	Cum Percent
1	5	0.85	5	0.85
2	584	99.15	589	100.00

g. ... do anything else to urinate? 1↓ 2

OTH_ACC_UR	Frequency	Percent	Cum Freq	Cum Percent
1	23	3.90	23	3.90
2	566	96.10	589	100.00

B2h. If yes, describe: _____



B3. How bothered are you by the way you now urinate compared to how you urinated prior to the surgery? Would you say...

- Not at all bothered..... 1
- Slightly bothered..... 2
- Moderately bothered..... 3
- Greatly bothered 4

UR_BOTH	Frequency	Percent	Cum Freq	Cum Percent
1	463	78.61	463	78.61
2	92	15.62	555	94.23
3	26	4.41	581	98.64
4	8	1.36	589	100.00

Affix ID Label Here

B4. Would you describe your **current** urine stream as...

YES NO

a. ... a steady stream of urine? 1 2

STEADY_STR	Frequency	Percent	Cum Freq	Cum Percent
1	495	84.04	495	84.04
2	94	15.96	589	100.00

b. ... a slow stream of urine? 1 2

SLOW_STR	Frequency	Percent	Cum Freq	Cum Percent
1	257	43.63	257	43.63
2	332	56.37	589	100.00

c. ... a spurting, splitting or spraying stream of urine?..... 1 2

SPURT_STR	Frequency	Percent	Cum Freq	Cum Percent
1	97	16.47	97	16.47
2	492	83.53	589	100.00

d. ... a hesitating stream of urine (stops and starts)? 1 2

HESIT_STR	Frequency	Percent	Cum Freq	Cum Percent
1	166	28.18	166	28.18
2	423	71.82	589	100.00

e. ... dribbling after you have finished urinating? 1 2

DRIB_STR	Frequency	Percent	Cum Freq	Cum Percent
1	187	31.75	187	31.75
2	402	68.25	589	100.00

f. ... some other description?..... 1↓ 2

OTH_STR	Frequency	Percent	Cum Freq	Cum Percent
1	38	6.45	38	6.45
2	551	93.55	589	100.00

B3g. If yes, describe: _____

B5. Do you currently experience a feeling of incomplete bladder emptying?

YES..... 1

NO..... 2

INC_EMPTY	Frequency	Percent	Cum Freq	Cum Percent
1	110	18.68	110	18.68
2	479	81.32	589	100.00

B6. How would you describe the **time it takes** to urinate now, compared to before your surgery? Would you say there's been no change, or does it seem to take more or less time to urinate now compared to before the surgery?

NO CHANGE 1

TAKES MORE TIME TO URINATE 2

TAKES LESS TIME TO URINATE 3

UR_TIME	Frequency	Percent	Cum Freq	Cum Percent
.	3	.	.	.
1	209	35.67	209	35.67
2	263	44.88	472	80.55
3	114	19.45	586	100.00

B7. These next few questions ask about any symptoms of bowel incontinence you may have.

Do you have to strain to have a bowel movement? YES..... 1

NO..... 2 → SKIP TO B8

STR_BM	Frequency	Percent	Cum Freq	Cum Percent
1	153	25.98	153	25.98
2	436	74.02	589	100.00

B7a. How **often** do you have to strain to have a bowel movement? Would you say....

Less than or equal to 25% of the time? 1

More than 25% of the time? 2

OFT_STR_BM	Frequency	Percent	Cum Freq	Cum Percent
.	436	.	.	.
1	74	48.37	74	48.37
2	79	51.63	153	100.00

B8. Do you have leaking or loss of control of gas? YES 1
 NO 2 → **SKIP TO B9**

GAS_LK	Frequency	Percent	Cum Freq	Cum Percent
1	152	25.81	152	25.81
2	437	74.19	589	100.00

B8a. How **often** does this happen? Would you say....

less than once a month?..... 1
 more than once a month but less than once a week? 2
 more than once a week but less than every day?..... 3
 every day?..... 4

OFT_GAS_LK	Frequency	Percent	Cum Freq	Cum Percent
.	437	.	.	.
1	10	6.58	10	6.58
2	32	21.05	42	27.63
3	60	39.47	102	67.11
4	50	32.89	152	100.00

B9. Do you have leaking or loss of control of liquid stool? YES 1
 NO 2 → **SKIP TO B10**

LIQ_STOOL_LK	Frequency	Percent	Cum Freq	Cum Percent
1	34	5.77	34	5.77
2	555	94.23	589	100.00

B9a. How **often** does this happen? Would you say....

less than once a month?..... 1
 more than once a month but less than once a week? 2
 more than once a week but less than every day?..... 3
 every day?..... 4

OFT_LIQ_LK	Frequency	Percent	Cum Freq	Cum Percent
.	555	.	.	.
1	22	64.71	22	64.71
2	5	14.71	27	79.41
3	7	20.59	34	100.00

B10. Do you have leaking or loss of control of solid stool? YES 1
 NO 2 → **SKIP TO SECTION C**

SOL_STOOL_LK	Frequency	Percent	Cum Freq	Cum Percent
1	7	1.19	7	1.19
2	582	98.81	589	100.00

B10a. How **often** does this happen? Would you say....

- less than once a month?..... 1
- more than once a month but less than once a week?..... 2
- more than once a week but less than every day?..... 3
- every day? 4

OFT_SOLID_LK	Frequency	Percent	Cum Freq	Cum Percent
.	582	.	.	.
1	5	71.43	5	71.43
3	2	28.57	7	100.00

TOMMUS

SECTION C: NEUROLOGIC SYMPTOMS

INSTRUCTIONS: We also want to know if you have any numbness or weakness in your lower abdomen or your pelvic area or in your lower extremities.

C1. First, I'll ask about numbness. Do you have any **numbness** in your lower abdomen or your pelvic area or your legs?

YES 1* NO 2 ➔ **SKIP TO C2**

NUMBNESS	Frequency	Percent	Cum Freq	Cum Percent
1	29	4.92	29	4.92
2	560	95.08	589	100.00

REMINDER: COMPLETE ADVERSE EVENT FORM (F391) AS NECESSARY

SHOW ATTACHED BODY MAPS 1, 2, 4, AND 6 FOR MARKING NUMBNESS:

Here are 4 pictures of those areas. The specific areas we're asking about are circled on the pictures. Take a minute to look at the pictures and mark Xs to show where you feel numbness.

WHEN THE PATIENT COMPLETES HER MARKINGS, INSPECT THE PICTURES AND COMPLETE C1a-e.

C1a. DID THE PATIENT MARK ANY Xs IN THE **SUPRAPUBIC** AREA (PICTURE #1)?

YES 1 NO 2 ➔ **SKIP TO C1b**

NUM_SUP	Frequency	Percent	Cum Freq	Cum Percent
.	560	.	.	.
1	13	44.83	13	44.83
2	16	55.17	29	100.00

C1ai. SHOW PICTURE #1: How bothersome is the numbness in **this** location? Would you say...

not at all bothersome 1

slightly bothersome 2

moderately bothersome 3

greatly bothersome 4

NUM_SUP_BOTH	Frequency	Percent	Cum Freq	Cum Percent
.	576	.	.	.
1	11	84.62	11	84.62
2	2	15.38	13	100.00

C1b. DID THE PATIENT MARK ANY Xs IN THE **GROIN** AREA? (PICTURE #2)

YES 1 NO 2 ➔ **SKIP TO C1c**

NUM_GRO	Frequency	Percent	Cum Freq	Cum Percent
.	560	.	.	.
1	5	17.24	5	17.24
2	24	82.76	29	100.00

C1bi. SHOW PICTURE #2: How bothersome is the numbness in **this** location? Would you say...

not at all bothersome 1

slightly bothersome 2

moderately bothersome 3

greatly bothersome 4

NUM_GRO_BOTH	Frequency	Percent	Cum Freq	Cum Percent
.	584	.	.	.
2	2	40.00	2	40.00
3	1	20.00	3	60.00
4	2	40.00	5	100.00

TOMIUS

C1c. DID THE PATIENT MARK ANY Xs IN THE **VULVAR** AREA? (PICTURE #4)

YES 1 NO 2 ➔ **SKIP TO C1d**

NUM_VUL	Frequency	Percent	Cum Freq	Cum Percent
.	560	.	.	.
1	4	13.79	4	13.79
2	25	86.21	29	100.00

C1ci. SHOW PICTURE #4: How bothersome is the numbness in **this** location? Would you say...

not at all bothersome 1

slightly bothersome 2

moderately bothersome 3

greatly bothersome 4

NUM_VUL_BOTH	Frequency	Percent	Cum Freq	Cum Percent
.	585	.	.	.
1	1	25.00	1	25.00
2	1	25.00	2	50.00
3	1	25.00	3	75.00
4	1	25.00	4	100.00

C1d. DID THE PATIENT MARK ANY Xs IN THE **UPPER LEG** AREA? (PICTURE #6)

YES 1 NO 2 ➔ **SKIP TO C1e**

NUM_UL	Frequency	Percent	Cum Freq	Cum Percent
.	560	.	.	.
1	10	34.48	10	34.48
2	19	65.52	29	100.00

C1di. SHOW PICTURE #6 **FOR NUMBNESS**:

How bothersome is the numbness in **this** location? Would you say...

not at all bothersome 1

slightly bothersome 2

moderately bothersome 3

greatly bothersome 4

NUM_UL_BOTH	Frequency	Percent	Cum Freq	Cum Percent
.	579	.	.	.
2	7	70.00	7	70.00
3	1	10.00	8	80.00
4	2	20.00	10	100.00

C1e. DID THE PATIENT MARK ANY Xs IN THE **LOWER LEG** AREA? (PICTURE #6)

YES 1 NO 2 ➔ **SKIP TO C2**

NUM_LL	Frequency	Percent	Cum Freq	Cum Percent
.	560	.	.	.
1	6	20.69	6	20.69
2	23	79.31	29	100.00

C1ei. SHOW PICTURE #6 FOR NUMBNESS:

How bothersome is the numbness in **this** location? Would you say...

not at all bothersome 1

slightly bothersome 2

moderately bothersome 3

greatly bothersome 4

NUM_LL_BOTH	Frequency	Percent	Cum Freq	Cum Percent
.	583	.	.	.
2	2	33.33	2	33.33
3	2	33.33	4	66.67
4	2	33.33	6	100.00

C2. Next, I'll ask about weakness. Do you have any **weakness** in your legs?

YES 1* NO 2 ➔ **SKIP TO SECTION D**

WEAKNESS	Frequency	Percent	Cum Freq	Cum Percent
1	36	6.11	36	6.11
2	553	93.89	589	100.00

REMINDER: COMPLETE ADVERSE EVENT FORM (F391) AS NECESSARY

SHOW PICTURE # 6 FOR WEAKNESS: Here is a (another) picture of the legs. Look at the picture and mark Xs to show where you feel weakness.

WHEN THE PATIENT COMPLETES HER MARKINGS, INSPECT THE PICTURE AND FINISH C2 a-b.

C2a. DID THE PATIENT MARK ANY Xs IN THE **UPPER LEG** AREA?

YES 1 NO 2 ➔ **SKIP TO C2b**

WEAK_UL	Frequency	Percent	Cum Freq	Cum Percent
.	553	.	.	.
1	27	75.00	27	75.00
2	9	25.00	36	100.00

C2ai. SHOW PICTURE #6 FOR WEAKNESS: POINT TO Xs MARKED ON UPPER LEG.
How bothersome is the weakness in **this** location? Would you say...

- not at all bothersome 1
slightly bothersome 2
moderately bothersome 3
greatly bothersome 4

WEAK_UL_BOTH	Frequency	Percent	Cum Freq	Cum Percent
.	562	.	.	.
1	3	11.11	3	11.11
2	9	33.33	12	44.44
3	11	40.74	23	85.19
4	4	14.81	27	100.00

C2b. DID THE PATIENT MARK ANY Xs IN THE **LOWER LEG** AREA?

YES 1 NO 2 ➔ **SKIP TO D1**

WEAK_LL	Frequency	Percent	Cum Freq	Cum Percent
.	553	.	.	.
1	17	47.22	17	47.22
2	19	52.78	36	100.00

C2bi. SHOW PICTURE #6 FOR WEAKNESS: POINT TO Xs MARKED ON LOWER LEG.
How bothersome is the weakness in **this** location? Would you say...

- not at all bothersome 1
- slightly bothersome 2
- moderately bothersome 3
- greatly bothersome 4

WEAK_LL_BOTH	Frequency	Percent	Cum Freq	Cum Percent
.	572	.	.	.
1	2	11.76	2	11.76
2	9	52.94	11	64.71
3	3	17.65	14	82.35
4	3	17.65	17	100.00

TOMMUS

SECTION D: RESUMPTION OF ACTIVITIES

D1. Have you returned to full normal activities of daily life (including work, if applicable) since your surgery?

YES..... 1

NO..... 2 → **SKIP TO D2**

RETURN_ACT	Frequency	Percent	Cum Freq	Cum Percent
1	209	35.48	209	35.48
2	380	64.52	589	100.00

D1a. (Approximately) how many days did it take you to return to full normal activities of daily life (including work, if applicable) after surgery?

_____ DAYS

Analysis Variable : num_days								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
207	0	6.8	3.9	0.0	4.0	6.0	10.0	21.0
num_days	Frequency	Percent	Cum Freq	Cum Percent				
.	382	100.00	382	100.00				

D1b. How many **paid** workdays did you take off after surgery?

_____ DAYS → **SKIP TO E1**

(IF UNEMPLOYED OR RETIRED, CODE -1)

Analysis Variable : paid_days								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
134	0	4.4	3.7	0.0	1.0	4.0	7.0	14.0
paid_days	Frequency	Percent	Cum Freq	Cum Percent				
.	455	100.00	455	100.00				

D2. If you have not returned to work, is that because your work includes activities such as heavy lifting, which you were advised not to do?

YES..... 1

NO..... 2

(IF UNEMPLOYED OR RETIRED, CODE -1)

WK_HVY_ACT	Frequency	Percent	Cum Freq	Cum Percent
.	295	.	.	.
1	203	69.05	203	69.05
2	91	30.95	294	100.00

SECTION E: HEALTH SERVICES UTILIZATION

E1. DOES THE PATIENT REPORT OR IS THERE EVIDENCE OF ANY **PHYSICIAN VISITS** SINCE SURGERY? ASK,

Have you seen a doctor (nurse practitioner, physician’s assistant) for any reason since your surgery?

YES..... 1

NO..... 2 → **SKIP TO E3**

PHYS_VISIT	Frequency	Percent	Cum Freq	Cum Percent
1	196	33.28	196	33.28
2	393	66.72	589	100.00

E2. DATES OF AND REASONS FOR ANY **PHYSICIAN VISITS**; ASK,

What was (were) the (approximate) date(s) and reason(s) for the physician (NP, PA) visit(s) since your surgery?

SOURCE CODES: 1 = PATIENT; 2 = MEDICAL RECORD; 3 = BOTH PT AND RECORD, 5 = PT REPORT AND SENT FOR MR. ↓

	a.	b.	c.
	APPROXIMATE DATE	REASON FOR THE VISIT	SOURCE CODE
1	___/___/___	_____	___
2	___/___/___	_____	___
3	___/___/___	_____	___

E3. DOES THE PATIENT REPORT OR IS THERE EVIDENCE OF ANY **EMERGENCY ROOM VISITS** SINCE HER SURGERY? ASK,

Have you been to an emergency room for any reason since your surgery?

YES..... 1

NO..... 2 → **SKIP TO E5**

ER_VISIT	Frequency	Percent	Cum Freq	Cum Percent
1	16	2.72	16	2.72
2	573	97.28	589	100.00

E4. DATES OF AND REASONS FOR ANY **EMERGENCY ROOM VISIT(S)**, ASK,

What was (were) the (approximate) date(s) and reason(s) for the emergency room visit(s) since your surgery?

SOURCE CODES: 1 = PATIENT; 2 = MEDICAL RECORD; 3 = BOTH PT AND RECORD, 5 = PT REPORT AND SENT FOR MR. ↓

	a.	b.	c.
	APPROXIMATE DATE	REASON FOR THE ER VISIT	SOURCE CODE
1	___/___/___	_____	___
2	___/___/___	_____	___
3	___/___/___	_____	___

TOMMUS

E5. DOES THE PATIENT REPORT OR IS THERE EVIDENCE OF ANY **NEW ABDOMINAL OR PELVIC SURGERY** SINCE HER UITS SURGERY? ASK,

Have you had any new abdominal or pelvic surgery since your surgery?

YES..... 1

NO..... 2 → **SKIP TO E7**

NEW_SURG	Frequency	Percent	Cum Freq	Cum Percent
1	5	0.85	5	0.85
2	584	99.15	589	100.00

E6. DATES OF AND DESCRIPTION OF NEW ABDOMINAL OR PELVIC SURGERIES. ASK,

Tell me more about these surgeries.

SOURCE CODES: 1 = PATIENT; 2 = MEDICAL RECORD; 3 = BOTH PT AND RECORD, 5 = PT REPORT AND SENT FOR MR. ↓

	a.	b.	c.	d.	e.
	DATE OF SURGERY	SURGICAL CODE	SPECIFY (IF SURGICAL CODE = 07)	NAME OF SURGERY	SOURCE CODE
1.	___ / ___ / ___	___		_____	___
2.	___ / ___ / ___	___		_____	___
3.	___ / ___ / ___	___		_____	___

E7. OTHER THAN ANY DESCRIBED ABOVE IN E6, DOES THE PATIENT REPORT OR IS THERE EVIDENCE OF ANY **HOSPITAL ADMISSIONS** SINCE HER SURGERY? ASK,

Have you been hospitalized for any (other) reason since your surgery?

YES..... 1

NO..... 2 → **SKIP TO E9**

HOS_ADMIT	Frequency	Percent	Cum Freq	Cum Percent
1	6	1.02	6	1.02
2	583	98.98	589	100.00

E8. DATES OF AND REASONS FOR **HOSPITAL ADMISSIONS**. ASK,

What was (were) the (approximate) date(s) and reason for each hospitalization that occurred since your surgery?

SOURCE CODES: 1 = PATIENT; 2 = MEDICAL RECORD; 3 = BOTH PT AND RECORD, 5 = PT REPORT AND SENT FOR MR. ↓

	a.	b.	c.
	APPROXIMATE DATE	REASON FOR HOSPITALIZATION	SOURCE CODE
1	____/____/____	_____	____
2	____/____/____	_____	____
3	____/____/____	_____	____

TOMMUS

E9. DOES THE PATIENT REPORT OR IS THERE EVIDENCE OF ANY ANTIBIOTICS PRESCRIBED SINCE DISCHARGE?

Since your surgery, has a doctor prescribed any antibiotics?

YES 1

NO 2 → **SKIP TO E11**

ANTIBIOTICS	Frequency	Percent	Cum Freq	Cum Percent
1	109	18.51	109	18.51
2	480	81.49	589	100.00

E10. RECORD EACH ANTIBIOTIC BY NAME

SOURCE CODES: 1 = PATIENT; 2 = MEDICAL RECORD; 3 = BOTH PT AND RECORD, 5 = PT REPORT AND SENT FOR MR. ↓

	a.	b.	c.	d.	e.
	ANTIBIOTIC NAME (PRINT NAME PRECISELY)	NUMBER OF DAYS TAKEN	IS THE PATIENT STILL TAKING THIS MEDICATION?	REASON PRESCRIBED	SOURCE CODE†
1		_____	YES..... 1 NO2		_____
2		_____	YES..... 1 NO2		_____
3		_____	YES..... 1 NO2		_____

E11. DOES THE PATIENT REPORT OR IS THERE EVIDENCE OF ANY MEDICATION PRESCRIBED FOR THE TREATMENT OF LOWER URINARY TRACT SYMPTOMS SINCE DISCHARGE? ASK,

Since your surgery, has a doctor prescribed any medication for the treatment of lower urinary tract symptoms?

YES 1

NO 2 → **SKIP TO F1**

MED_TX_UT	Frequency	Percent	Cum Freq	Cum Percent
1	16	2.72	16	2.72
2	573	97.28	589	100.00

E12. RECORD EACH MEDICATION BY NAME

SOURCE CODES: 1 = PATIENT; 2 = MEDICAL RECORD; 3 = BOTH PT AND RECORD, 5 = PT REPORT AND SENT FOR MR. ↓

	a.	b.	c.	d.	e.
	MEDICATION NAME (PRINT NAME PRECISELY)	NUMBER OF DAYS TAKEN	IS THE PATIENT STILL TAKING THIS MEDICATION?	REASON PRESCRIBED	SOURCE CODE†
1		_____	YES..... 1 NO2		_____
2		_____	YES..... 1 NO2		_____
3		_____	YES..... 1 NO2		_____

REMINDER: COMPLETE ADVERSE EVENT FORM (F391) AS NECESSARY

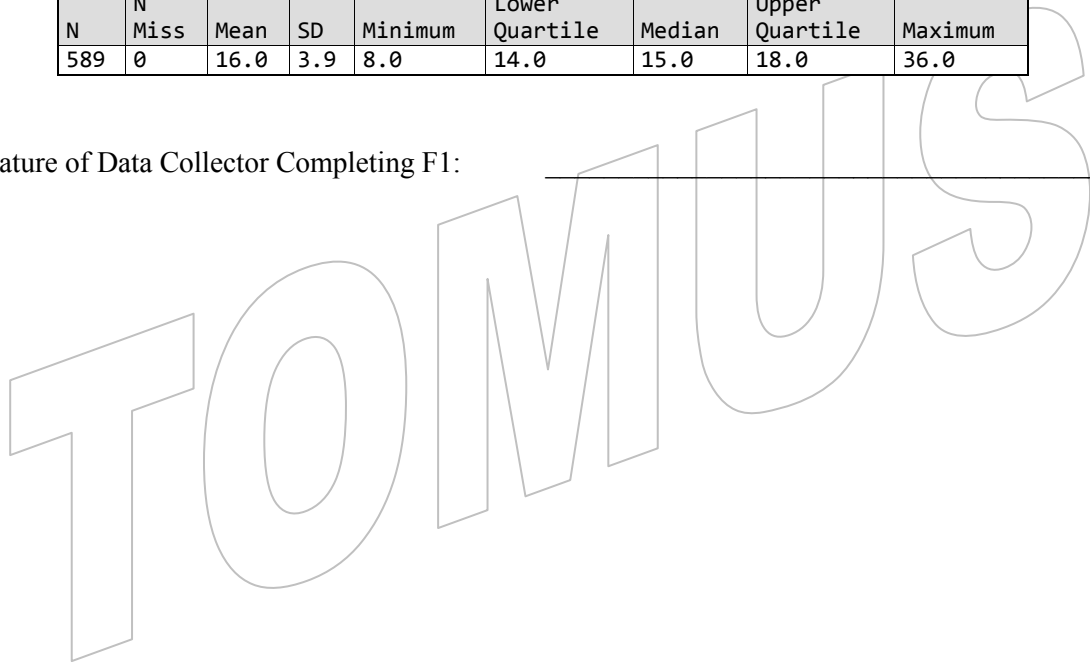
: SOURCE DOCUMENT REVIEW ATTESTATION

F1. Initials of Interviewer/Data Collector who completed a thorough review of all source documents (i.e. inpatient medical records, clinic charts, etc.) for any pertinent study information since the last study visit (e.g. adverse events, retreatments, interim visits, etc.): _____

F2. Date Review Completed: _____ / _____ / _____
Month Day Year

Analysis Variable : days								
N	N Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
589	0	16.0	3.9	8.0	14.0	15.0	18.0	36.0

F3. Signature of Data Collector Completing F1: _____



Attachment

SURGERY CODES	
00	Urethrolisis/Tape Takedown
01	Abdominoplasty
02	Anterior repair
03	Cesarean delivery
04	Femoral hernia repair
05	Hysterectomy
06	Inguinal hernia repair
07	Laparoscopy
08	Posterior repair
09	Removal of an ectopic pregnancy
10	Removal of an ovarian cyst
11	Removal of both ovaries
12	Removal of one ovary
13	Supracervical hysterectomy
14	Tubal ligation
15	D and C (dilatation and curettage)
16	Colpopexy (abdominal)
17	Colpopexy (vaginal)
31	Enterocoele repair
32	Vaginal vault suspension
18	UNKNOWN TYPE
19	OTHER

SURGERY FOR UI CODES	
20	Anterior repair, Kelly plication, suburethral plication
21	Collagen injection
22	Durasphere injection
23	Other periurethral bulking agent
24	Laparoscopic Burch colposuspension
25	Marshall-Marchetti-Krantz (MMK) bladder suspension
26	Needle suspensions: Raz, Pereyra, Gittes
27	Open Burch colposuspension
28	Sling procedure (autologous or cadaveric)
29	Sling procedures (synthetic material)
30	Tightening of previous sling
38	UNKNOWN TYPE
39	OTHER

TREATMENT CODES	
40	Medicine (drug treatment)
41	Bladder training (including behavior changes involving the timing of urination or changes in fluid intake)
42	Pelvic muscle exercises (Kegel exercises)
43	Electrical stimulation
44	Electromagnetic therapy
45	Biofeedback
46	Acupuncture or other alternative medicine techniques
58	UNKNOWN TYPE
59	OTHER TYPE

SLING REVISION CODES	
60	Tape loosening
61	Tape incision