

F341: 6 Month Follow-Up Interview, version 05/09/07 (B)
SECTION A: GENERAL STUDY INFORMATION FOR OFFICE USE ONLY:

A1. STUDY ID #:

LABEL

A2. VISIT # F/U 6 Months.....TF06

Failure..... TFAI

A3. DATE INTERVIEW COMPLETED: ____ / ____ / ____
MONTH DAY YEAR

A4. INTERVIEWER INITIALS: _____

A5. INTERVIEW TYPE? IN-PERSON 1

TELEPHONE 2

A6. FORM VERSION USED?

ENGLISH..... 1

SPANISH..... 2

INT_TYPE	Frequency	Percent	Cum Freq	Cum Percent
1	531	96.20	531	96.20
2	21	3.80	552	100.00

SECTION B: THE MESA INTERVIEW AND BLADDER AND BOWEL SYMPTOMS

This first set of questions asks about symptoms you may currently have related to urine leakage. For each question that I ask, please tell me the response that best represents how frequently you currently experience the symptom.

MESA PART I	Never	Rarely	Sometimes	Often																									
B1. Does coughing gently cause you to lose urine? (Would you say..)	0	1	2	3																									
<table border="1"> <thead> <tr> <th>MESA_STR_1</th> <th>Frequency</th> <th>Percent</th> <th>Cum Freq</th> <th>Cum Percent</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>466</td> <td>84.42</td> <td>466</td> <td>84.42</td> </tr> <tr> <td>1</td> <td>51</td> <td>9.24</td> <td>517</td> <td>93.66</td> </tr> <tr> <td>2</td> <td>29</td> <td>5.25</td> <td>546</td> <td>98.91</td> </tr> <tr> <td>3</td> <td>6</td> <td>1.09</td> <td>552</td> <td>100.00</td> </tr> </tbody> </table>					MESA_STR_1	Frequency	Percent	Cum Freq	Cum Percent	0	466	84.42	466	84.42	1	51	9.24	517	93.66	2	29	5.25	546	98.91	3	6	1.09	552	100.00
MESA_STR_1	Frequency	Percent	Cum Freq	Cum Percent																									
0	466	84.42	466	84.42																									
1	51	9.24	517	93.66																									
2	29	5.25	546	98.91																									
3	6	1.09	552	100.00																									
B2. Does coughing hard cause you to lose urine? (Would you say...)	0	1	2	3																									
<table border="1"> <thead> <tr> <th>MESA_STR_2</th> <th>Frequency</th> <th>Percent</th> <th>Cum Freq</th> <th>Cum Percent</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>407</td> <td>73.73</td> <td>407</td> <td>73.73</td> </tr> <tr> <td>1</td> <td>77</td> <td>13.95</td> <td>484</td> <td>87.68</td> </tr> <tr> <td>2</td> <td>39</td> <td>7.07</td> <td>523</td> <td>94.75</td> </tr> <tr> <td>3</td> <td>29</td> <td>5.25</td> <td>552</td> <td>100.00</td> </tr> </tbody> </table>					MESA_STR_2	Frequency	Percent	Cum Freq	Cum Percent	0	407	73.73	407	73.73	1	77	13.95	484	87.68	2	39	7.07	523	94.75	3	29	5.25	552	100.00
MESA_STR_2	Frequency	Percent	Cum Freq	Cum Percent																									
0	407	73.73	407	73.73																									
1	77	13.95	484	87.68																									
2	39	7.07	523	94.75																									
3	29	5.25	552	100.00																									
B3. Does sneezing cause you to lose urine?	0	1	2	3																									

MESA_STR_3	Frequency	Percent	Cum Freq	Cum Percent
0	455	82.43	455	82.43
1	41	7.43	496	89.86
2	41	7.43	537	97.28
3	15	2.72	552	100.00

B4. Does lifting things cause you to lose urine? 0 1 2 3

MESA_STR_4	Frequency	Percent	Cum Freq	Cum Percent
0	480	86.96	480	86.96
1	32	5.80	512	92.75
2	33	5.98	545	98.73
3	7	1.27	552	100.00

B5. Does bending cause you to lose urine? 0 1 2 3

MESA_STR_5	Frequency	Percent	Cum Freq	Cum Percent
0	505	91.49	505	91.49
1	22	3.99	527	95.47
2	21	3.80	548	99.28
3	4	0.72	552	100.00

B6. Does laughing cause you to lose urine? 0 1 2 3

MESA_STR_6	Frequency	Percent	Cum Freq	Cum Percent
0	486	88.04	486	88.04
1	34	6.16	520	94.20
2	25	4.53	545	98.73
3	7	1.27	552	100.00

B7. Does walking briskly or jogging cause you to lose urine? 0 1 2 3

MESA_STR_7	Frequency	Percent	Cum Freq	Cum Percent
0	477	86.41	477	86.41
1	37	6.70	514	93.12
2	28	5.07	542	98.19
3	10	1.81	552	100.00

B8. Does straining, if you are constipated, cause you to lose urine? 0 1 2 3

MESA_STR_8	Frequency	Percent	Cum Freq	Cum Percent
0	438	79.35	438	79.35
1	68	12.32	506	91.67
2	29	5.25	535	96.92
3	17	3.08	552	100.00

B9. Does getting up from a sitting to a standing position cause you to lose urine? 0 1 2 3

MESA_STR_9	Frequency	Percent	Cum Freq	Cum Percent
0	497	90.04	497	90.04
1	19	3.44	516	93.48
2	32	5.80	548	99.28
3	4	0.72	552	100.00

B10. DID THE PATIENT ANSWER “SOMETIMES OR OFTEN” TO ANY OF THE ITEMS IN B1 – B9?

YES..... 1

→FAILURE; COMPLETE FAILURE PROTOCOL

NO..... 2

MESA_RES	Frequency	Percent	Cum Freq	Cum Percent
1	102	18.48	102	18.48
2	450	81.52	552	100.00

MESA PART II	Never	Rarely	Sometimes	Often																									
B11. Some women receive very little warning and suddenly find that they are losing, or are about to lose urine beyond their control. How often does this happen to you? (Would you say....)	0	1	2	3																									
<table border="1"> <thead> <tr> <th>MESA_URG_1</th> <th>Frequency</th> <th>Percent</th> <th>Cum Freq</th> <th>Cum Percent</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>352</td> <td>63.77</td> <td>352</td> <td>63.77</td> </tr> <tr> <td>1</td> <td>119</td> <td>21.56</td> <td>471</td> <td>85.33</td> </tr> <tr> <td>2</td> <td>67</td> <td>12.14</td> <td>538</td> <td>97.46</td> </tr> <tr> <td>3</td> <td>14</td> <td>2.54</td> <td>552</td> <td>100.00</td> </tr> </tbody> </table>					MESA_URG_1	Frequency	Percent	Cum Freq	Cum Percent	0	352	63.77	352	63.77	1	119	21.56	471	85.33	2	67	12.14	538	97.46	3	14	2.54	552	100.00
MESA_URG_1	Frequency	Percent	Cum Freq	Cum Percent																									
0	352	63.77	352	63.77																									
1	119	21.56	471	85.33																									
2	67	12.14	538	97.46																									
3	14	2.54	552	100.00																									
B12. If you can't find a toilet or find that the toilet is occupied, and you have an urge to urinate, how often do you end up losing urine or wetting yourself? (Would you say....)	0	1	2	3																									

MESA_URG_2	Frequency	Percent	Cum Freq	Cum Percent
0	347	62.86	347	62.86
1	127	23.01	474	85.87
2	58	10.51	532	96.38
3	20	3.62	552	100.00

B13. Do you lose urine when you suddenly have the feeling that your bladder is very full? 0 1 2 3

MESA_URG_3	Frequency	Percent	Cum Freq	Cum Percent
0	390	70.65	390	70.65
1	81	14.67	471	85.33
2	63	11.41	534	96.74
3	18	3.26	552	100.00

B14. Does washing your hands cause you to lose urine? 0 1 2 3

MESA_URG_4	Frequency	Percent	Cum Freq	Cum Percent
0	511	92.57	511	92.57
1	26	4.71	537	97.28
2	15	2.72	552	100.00

B15. Does cold weather cause you to lose urine? 0 1 2 3

MESA_URG_5	Frequency	Percent	Cum Freq	Cum Percent
0	523	94.75	523	94.75
1	15	2.72	538	97.46
2	12	2.17	550	99.64
3	2	0.36	552	100.00

B16. Does drinking cold beverages cause you to lose urine? 0 1 2 3

MESA_URG_6	Frequency	Percent	Cum Freq	Cum Percent
0	538	97.46	538	97.46
1	5	0.91	543	98.37
2	8	1.45	551	99.82
3	1	0.18	552	100.00

BLADDER AND BOWEL SYMPTOMS

B17. 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	97	17.57	97	17.57
2	455	82.43	552	100.00

B18. Do you **currently** have to...

YES	NO
-----	----

a. ... strain to urinate? 1 2

STRAIN_UR	Frequency	Percent	Cum Freq	Cum Percent
1	39	7.07	39	7.07
2	513	92.93	552	100.00

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

BEND_UR	Frequency	Percent	Cum Freq	Cum Percent
1	74	13.41	74	13.41
2	478	86.59	552	100.00

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

LEAN_UR	Frequency	Percent	Cum Freq	Cum Percent
1	24	4.35	24	4.35
2	528	95.65	552	100.00

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

STAND_UR	Frequency	Percent	Cum Freq	Cum Percent
1	4	0.72	4	0.72
2	548	99.28	552	100.00

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

PRESS_UR	Frequency	Percent	Cum Freq	Cum Percent
1	15	2.72	15	2.72
2	537	97.28	552	100.00

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

PUSH_UR	Frequency	Percent	Cum Freq	Cum Percent
1	6	1.09	6	1.09
2	546	98.91	552	100.00

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

OTH_ACC_UR	Frequency	Percent	Cum Freq	Cum Percent
1	16	2.90	16	2.90
2	536	97.10	552	100.00

B18h. If yes, describe: _____

TOMMUS

B19. 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	458	82.97	458	82.97
2	69	12.50	527	95.47
3	15	2.72	542	98.19
4	10	1.81	552	100.00

B20. Would you describe your **current** urine stream as...

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

STEADY_STR	Frequency	Percent	Cum Freq	Cum Percent
1	485	87.86	485	87.86
2	67	12.14	552	100.00

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

SLOW_STR	Frequency	Percent	Cum Freq	Cum Percent
1	172	31.16	172	31.16
2	380	68.84	552	100.00

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

SPURT_STR	Frequency	Percent	Cum Freq	Cum Percent
1	116	21.01	116	21.01
2	436	78.99	552	100.00

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

HEIST_STR	Frequency	Percent	Cum Freq	Cum Percent
1	147	26.63	147	26.63
2	405	73.37	552	100.00

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

DRIB_STR	Frequency	Percent	Cum Freq	Cum Percent
1	201	36.41	201	36.41
2	351	63.59	552	100.00

f. ... some other description? 1↓ 2

OTH_STR	Frequency	Percent	Cum Freq	Cum Percent
1	25	4.53	25	4.53
2	527	95.47	552	100.00

B20g. If yes, describe: _____

B21. Do you currently experience a feeling of incomplete bladder emptying?

YES..... 1

NO..... 2

INC_EMPTY	Frequency	Percent	Cum Freq	Cum Percent
1	116	21.01	116	21.01
2	436	78.99	552	100.00

B22. 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
.	1	.	.	.
1	242	43.92	242	43.92
2	225	40.83	467	84.75
3	84	15.25	551	100.00

B23. 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 B24

STR_BM	Frequency	Percent	Cum Freq	Cum Percent
1	187	33.88	187	33.88
2	365	66.12	552	100.00

B23a. 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
.	365	.	.	.
1	117	62.57	117	62.57
2	70	37.43	187	100.00

B24. Do you have leaking or loss of control of gas? YES 1
 NO 2 → SKIP TO B25

GAS_LK	Frequency	Percent	Cum Freq	Cum Percent
1	198	35.87	198	35.87
2	354	64.13	552	100.00

B24a. 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
.	355	.	.	.
1	21	10.66	21	10.66
2	33	16.75	54	27.41
3	84	42.64	138	70.05
4	59	29.95	197	100.00

B25. Do you have leaking or loss of control of liquid stool? YES 1
 NO 2 → SKIP TO B26

LIQ_STOOL_LK	Frequency	Percent	Cum Freq	Cum Percent
1	41	7.43	41	7.43
2	511	92.57	552	100.00

B25a. 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
.	511	.	.	.
1	24	58.54	24	58.54
2	12	29.27	36	87.80
3	5	12.20	41	100.00



B26. 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	10	1.81	10	1.81
2	542	98.19	552	100.00

B26a. 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
.	542	.	.	.
1	6	60.00	6	60.00
2	3	30.00	9	90.00
3	1	10.00	10	100.00

SECTION C: RESUMPTION OF ACTIVITIES

C1. Have you returned to full normal activities of daily life (including work, if applicable) since your surgery?
 YES..... 1
 NO..... 2 → **SKIP TO C2**

RETURN_ACT	Frequency	Percent	Cum Freq	Cum Percent
.	1	.	.	.
1	540	98.00	540	98.00
2	11	2.00	551	100.00

C1a. (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	N Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
539	0	26.5	26.7	0.0	7.0	14.0	42.0	240.0
NUM_DAY	S	Frequency	Percent	Cum Freq	Cum Percent			
.		13	100.00	13	100.00			

C1b. How many **paid** workdays did you take off after surgery?
 ___ ___ DAYS → **SKIP TO D1**

(IF UNEMPLOYED OR RETIRED, CODE -1)

Analysis Variable : PAID_DAYS									
N	N Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
333	0	10.7	12.4	0.0	2.0	5.0	14.0	84.0	
PAID_DAYS	Frequency	Percent		Cum Freq	Cum Percent				
.	219	100.00		219	100.00				

C2. 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
.	545	.	.	.
1	2	28.57	2	28.57
2	5	71.43	7	100.00

SECTION D: HEALTH SERVICES UTILIZATION

IDENTIFY THE REFERENCE DATE FOR USE IN SECTION D:

DATE OF THE TF6W STUDY VISIT FROM THE VCS

____ / ____ / ____
 Month / Day / Year

This next series of questions asks about any health care or treatments that you may have received since your last study visit.

D1. DOES THE PATIENT REPORT OR IS THERE EVIDENCE OF ANY **PHYSICIAN VISITS RELATED TO SURGERY, OR TREATMENT OF URINARY SYMPTOMS INCLUDING URINARY TRACT INFECTIONS OR INCONTINENCE** SINCE THE 6 WEEK FOLLOW-UP VISIT? LOOK SPECIFICALLY FOR REPORTS OF COMPLICATIONS. ASK,

Have you seen a doctor (nurse practitioner, physician’s assistant) for any reason related to your TOMUS surgery or for treatment of any urinary symptoms including urinary tract infections or urinary incontinence since your last TOMUS study visit (on DATE OF 6 WEEK VISIT)?

- YES 1
- NO 2 → **SKIP TO D3**

PHYS_VISIT	Frequency	Percent	Cum Freq	Cum Percent
1	93	16.85	93	16.85
2	459	83.15	552	100.00

D2. DATES OF AND REASONS FOR ANY **PHYSICIAN VISITS FOR URINARY SYMPTOMS OR TOMUS SURGERY**; ASK,

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

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

	a.	b.	c.
	<u>APPROXIMATE DATE</u>	<u>REASON FOR THE VISIT</u>	<u>SOURCE CODE</u>
1	____ / ____ / ____	_____	____
2	____ / ____ / ____	_____	____
3	____ / ____ / ____	_____	____

D3. IS THERE EVIDENCE OF ANY **PHYSICIAN VISITS FOR ANY OTHER REASON** SINCE THE 6 WEEK FOLLOW-UP VISIT? LOOK SPECIFICALLY FOR REPORTS OF COMPLICATIONS. ASK,

Have you seen a doctor (nurse practitioner, physician’s assistant) for any other reason since your last TOMUS study visit (on DATE OF 6 WEEK VISIT)?

- YES 1

NO 2 → SKIP TO D5

O_PHYS_VISIT	Frequency	Percent	Cum Freq	Cum Percent
1	391	70.83	391	70.83
2	161	29.17	552	100.00

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D4. DATES OF AND REASONS FOR ANY OTHER PHYSICIAN VISITS; ASK,

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

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

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

D5. DOES THE PATIENT REPORT OR IS THERE EVIDENCE OF ANY EMERGENCY ROOM VISITS SINCE THE 6 WEEK FOLLOW-UP VISIT? ASK,

Have you been to an emergency room for any reason since your last TOMUS study visit (on DATE OF 6 WEEK VISIT)?

YES 1

NO 2 → **SKIP TO D7**

ER_VISIT	Frequency	Percent	Cum Freq	Cum Percent
1	56	10.14	56	10.14
2	496	89.86	552	100.00

D6. 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 last TOMUS study visit?

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

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

D7. DOES THE PATIENT REPORT OR IS THERE EVIDENCE OF ANY **NEW SURGERIES** SINCE THE 6 WEEK FOLLOW-UP VISIT? ASK,

Have you had any new surgery since your last TOMUS study visit (on DATE OF 6 WEEK VISIT)?

YES 1

NO 2 → **SKIP TO D9**

NEW SURG	Frequency	Percent	Cum Freq	Cum Percent
1	40	7.25	40	7.25
2	512	92.75	552	100.00

D8. DATES OF AND DESCRIPTION OF NEW 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. ↓

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

D9. OTHER THAN ANY DESCRIBED ABOVE IN D8, DOES THE PATIENT REPORT OR IS THERE EVIDENCE OF ANY **HOSPITAL ADMISSIONS** SINCE THE 6 WEEK FOLLOW-UP VISIT? ASK,

Have you been hospitalized for any (other) reason since your last TOMUS study visit (on DATE OF 6 WEEK VISIT)?

YES 1

NO 2 → **SKIP TO SECTION E**

HOS_ADMIT	Frequency	Percent	Cum Freq	Cum Percent
1	32	5.80	32	5.80
2	520	94.20	552	100.00

D10. DATES OF AND REASONS FOR **HOSPITAL ADMISSIONS**. ASK,

What was (were) the (approximate) date(s) and reason for each hospitalization that occurred since your last TOMUS study visit?

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

	<u>a.</u>	<u>b.</u>	<u>c.</u>
	<u>APPROXIMATE DATE</u>	<u>REASON FOR HOSPITALIZATION</u>	<u>SOURCE CODE</u>
1	___ / ___ / ___	_____	___
2	___ / ___ / ___	_____	___

Affix ID Label Here

3	____ / ____ / _____	_____	_____
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****REMINDER: COMPLETE ADVERSE EVENT FORM (F391) AS NECESSARY****

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SECTION E: SOURCE DOCUMENT REVIEW ATTESTATION

E1. 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.): _____

E2. Date Review Completed: _____ / _____ / _____
Month Day Year

E3. Signature of Data Collector Completing E1: _____

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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