

SECTION A: GENERAL STUDY INFORMATION FOR OFFICE USE ONLY

A1. Study ID#: A2. Visit # Surgery.....VSRG

A3. Date Form Completed: ___/___/___
Month Day Year A4. Initials of Certified Surgeon Investigator: _____

SECTION B: OPERATIVE INFORMATION

B1. Date of Surgery: ___/___/___
Month Day Year

B2. Primary Surgeon Initials: _____

B3. Did a fellow assist with this case? Yes..... 1 ↓ No 2

B3a. Initials of fellow who assisted: _____

B4. Which SUI procedure was performed?

Midurethral Sling	1	→ SKIP TO B4b
Traditional Sling	2	→ SKIP TO B4c
Retropubic Urethropexy.....	3	→ SKIP TO B5
Urethral Bulking Injection	4	→ SKIP TO B4d
Other Surgical Procedure	5	↓

B4a. If Other, specify: _____ → SKIP TO B5

B4b. What kind of midurethral sling?

Retropubic	1
Transobturator	2
Minisling	3

B4c. What kind of traditional sling?

Autologous	1
Allogenic	2
Xenograft	3
Synthetic	4

} SKIP TO B5

B4d. What kind of urethral bulking injection?

Collagen.....	1
Non-collagen material	2

B4di. Specify: _____

B5. Were any modifications made to the conventional (typical) way that this surgery is usually performed?

Yes 1 ↓ No 2

B5a. If Yes, specify: _____

B6. Were any concomitant surgeries performed? Yes 1 ↓ No 2

Circle Yes or No for each type:

	YES	NO
a. Hysterectomy (not for prolapse).....	1 ↓	2
ai. Type of hysterectomy:		
Vaginal	1	
Abdominal	2	
Laparoscopic	3	
Laparoscopic-assisted vaginal hysterectomy ...	4	
b. Oophorectomy (S).....	1	2
c. Posterior colporrhaphy.....	1	2
d. Posterior colporrhaphy with perineorrhaphy	1	2
e. D & C	1	2
f. Hysteroscopy	1	2
g. Cone biopsy	1	2
h. Endometrial biopsy	1	2
i. Vaginal biopsy	1	2
j. Vulvar biopsy.....	1	2
k. Tubal sterilization	1	2
l. Adenexal surgery	1	2
m. Other	1 ↓	2
mi. If Other, specify: _____		

B7. Were any other unplanned, medically necessary surgeries performed?

Yes 1 ↓ No 2

B7a. If Yes, specify: _____

