

F524: Post-UDS Surgeon Diagnosis and Treatment, version 09/29/08 (A)

SECTION A: GENERAL STUDY INFORMATION FOR OFFICE USE ONLY				
A1. Study ID#:	LABEL	A2. Visit # UDSVUDS		
A3. Date Form Completed: / A4. Initials of Certified Surgeon Investigator:				
	COMPLETED <u>AFTER</u> FO 514 (Baseline Surgeon Diag	RM 505 (Urodynamic Data) AND <u>WITHOUT</u> REVIEWING nosis and Treatment)		

SECTION B: CLINICAL DIAGNOSIS

Based on your clinical evaluation which now includes the additional urodynamic diagnostic testing, circle "Yes" or "No" for whether you think the patient has this clinical diagnosis.

| Not Very | Somewhat | Moderately | Very | Extremain | Somewhat | Moderately | Very | Somewhat | Moderately | Very | Extremain | Somewhat | Moderately | Very | Somewhat | Moderately |

	Yes	No	Not Very Confident (< 50%)	Somewhat Confident (50-74%)	Moderately Confident (75-84%)	Very Confident (85-94%)	Extremely Confident (≥ 95%)
B1. Stress urinary incontinence	1	2	1	2	3	4	5
B2. OAB with incontinence (or OAB-wet, Urge Incontinence)	1 /1 /	2	1	2	3	4	5
B3. OAB without incontinence (or OAB-dry, Urgency/ Frequency syndrome)	1	2		2	3	4	5
B4. Voiding phase dysfunction (Emptying Problems)	1	2	1	2	3	4	5
B5. Suspected intrinsic sphincter deficiency (ISD)	1	2	1	2	3	4	5

SECTION C: TREATMENT PLAN

C1. Do you still intend to proceed with surgery for thi	s patient? Yes 1
	No 2 → SKIP TO C4
C2.Which SUI surgery is planned for this patient?	Midurethral Sling 1 → SKIP TO C2b
	Traditional Sling 2 → SKIP TO C2c
	Retropubic Urethropexy 3 → SKIP TO C3
	Urethral Bulking Injection 4 → SKIP TO C2d
	Other Surgical Procedure 5
C2a. If Other, specify:	→ SKIP TO C3

C2b.	What kind of midurethral sling?	Retropubic	1
		Transobturator	2
		Minisling	3
C2c.	What kind of traditional sling?	Autologous	1
		Allogenic	2 > SKIP TO C3
		Xenograft	3
		Synthetic	4
C2d.	What kind of urethral bulking	Collagen	1
	injection?	Non-collagen material	2 🔻
(C2di. Specify non-collagen material:		
C3a. I	anned modifications to your conventional p Specify planned modifications. Circle "Y Yes More Obstructive 1	es" or "No" for each. No 2	Yes
C3c. (C3ci. If Other, Specify:	2 2 → SKIP TO C4	
C4. Is any	other additional therapy included in the trea	tment plan for this patient?	Yes 1
			No
	Specify additional therapy. Circle "Yes" of	or "No" for each.	
	Yes	No	

C4ci. If Other, Specify:

1

1

C5. Overall, how confident are you that you have made the best treatment plan for this subject? Please circle one. **NOTE: This question is** <u>not</u> **about the efficacy of the treatment itself.**

Not Very Confident (< 50%)	Somewhat Confident (50-74%)	Moderately Confident (75-84%)	Very Confident (85-94%)	Extremely Confident (≥ 95%)	
1	2	3	4	5	

2

2 **→** SKIP TO C5

C4a. PF Rehab

C4c. Other

C4b. Pharmacotherapy

C6. To what degree did the patient participate in the decision about planned SUI surgery? Please circle one.

Minimally Involved	Somewhat Involved	Moderately Involved	Very Involved	Extremely Involved
1	2	3	4	5

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1	2		3			4			5
C7. What do you expect	to be the most likely	method of b	oladder em	ptying a	at discl	narge?			
	Spon	taneous voi	ding						.1
	Any	catheter-ass	isted blad	der draiı	nage .		•••••		.2
ECTION D: COUNSELI	ING AND POTENT	IAL COM	PLICATI	ONS					
Circle "Yes" or "No" for ncludes any additional dindicate the level of risk fundergoing this SUI procatypical patient in your p	iscussion which may or this complication edure. When interp	have happ for this pa reting the t	ened afte tient <u>com</u> erm "typ	r UDS t <u>pared t</u> ical," pl	testing o the a lease c	. For a	any " e or t	Yes" ypica	responses, <u>l patient</u>
D1. Risk of urgency, frequency	uency Yes		1	No			2 → S	SKIP	TO D2
D1a. Risk for this patie	ent: Lo	w Risk		Туріса	al				High Risk
		1 2	3 2	5	_6	7	8	9	10
)							
D2. Risk of urge UI	Yes	<i>.</i>	1	No			2 → S	SKIP	TO D3
D2a. Specify Type of U	Urge UI: Persist	ent	1	De Nov	/O		2		
D2b. Risk for this patie	Risk for this patient: Low Risk Typical						High Risk		
		1 2	3 4	5	6	7	8	9	10
D3. Risk of urinary retent	ion from anti-inconti	nence surge	ry						
	Yes		1	No			2	→ SI	KIP TO D4
D2 D11 C 41' '				Туріса	al				High Risk
D3a. Risk for this patie	ent: Lo	w Risk		Typica	••				
D3a. Risk for this patie	ent: Lo	w Risk 1 2	3 4		6	7	8	9	10
				5	6	-			10 TO SECTION
D3a. Risk for this patient D4. Risk of failure to treat D4a. Risk for this patient	t SUI Yes	1 2		5	6	-		SKIP	

Date: ____ / ___ Day

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Surgeon's Signature: _