

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

SECTION A: GENERAL STUDY INFORMATION FOR OFFICE USE ONLY

A1. Study ID#: A2. Visit # UDS..... VUDS
 A3. Date Form Completed: ____/____/____ Month Day Year A4. Initials of Certified Surgeon Investigator: ____

NOTE: TO BE COMPLETED AFTER FORM 505 (Urodynamic Data) AND WITHOUT REVIEWING FORM 514 (Baseline Surgeon Diagnosis 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.

For every "Yes" or "No" response, please rate how confident (sure) you are about the presence or absence of this clinical diagnosis.

	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	2	1	2	3	4	5
B3. OAB without incontinence (or OAB-dry, Urgency/Frequency syndrome)	1	2	1	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 this 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

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

C7. What do you expect to be the most likely method of bladder emptying at discharge?

Spontaneous voiding1
 Any catheter-assisted bladder drainage2

SECTION D: COUNSELING AND POTENTIAL COMPLICATIONS

Circle “Yes” or “No” for the potential complications listed below that were discussed with this patient. This includes any additional discussion which may have happened after UDS testing. For any “Yes” responses, indicate the level of risk for this complication for this patient compared to the average or typical patient undergoing this SUI procedure. When interpreting the term “typical,” please consider the “typical” patient to be a typical patient in your practice who would meet eligibility for this study.

D1. Risk of urgency, frequency Yes.....1 No.....2 → SKIP TO D2

D1a. Risk for this patient:

Low Risk	Typical	High Risk
1 2 3	4 5 6 7	8 9 10

D2. Risk of urge UI Yes.....1 No.....2 → SKIP TO D3

D2a. Specify Type of Urge UI:

Persistent.....1 De Novo2

D2b. Risk for this patient:

Low Risk	Typical	High Risk
1 2 3	4 5 6 7 8	9 10

D3. Risk of urinary retention from anti-incontinence surgery

Yes.....1 No2 → SKIP TO D4

D3a. Risk for this patient:

Low Risk	Typical	High Risk
1 2 3	4 5 6 7 8	9 10

D4. Risk of failure to treat SUI Yes.....1 No.....2 → SKIP TO SECTION E

D4a. Risk for this patient:

Low Risk	Typical	High Risk
1 2 3	4 5 6 7 8	9 10

SECTION E: SURGEON'S SIGNATURE

Surgeon’s Signature: _____ Date: ___/___/___
Month Day Year