

F525: Treatment Modifications Due to UDS, version 11/13/08 (A)
SECTION A: GENERAL STUDY INFORMATION FOR OFFICE USE ONLY

A1. Study ID#: A2. Visit # UDS..... VUDS

A3. Date Form Completed: ____ / ____ / ____ A4. Initials of Certified Surgeon Investigator: ____

Month Day Year

NOTE: TO BE COMPLETED AFTER F505 (Urodynamic Data) AND WITHOUT REVIEWING F514 (Baseline Surgeon Diagnosis & Treatment), F524 (Post-UDS Surgeon Diagnosis & Treatment) or MR/Notes. The answers below are based upon one's best recollection.

SECTION B: TREATMENT CHANGES/MODIFICATIONS DUE TO UDS

B1. Did anything about UDS influence your treatment plan, i.e. either a modification to the planned treatment or a different treatment?

Yes 1 ↓

No..... 2 → **SECTION C**

Circle "Yes" or "No" for all components of UDS that influenced these modifications or changes.

Free Uroflowmetry	Yes	No
a. Free Uroflowmetry Pattern	1	2
b. Free Uroflowmetry Numerical Values (e.g. Qmax, voided volume, PVR)	1	2
Filling Cystometry	Yes	No
c. Filling Phase Sensation (e.g. normal, increased, reduced, absent, altered)	1	2
d. MCC	1	2
e. Detrusor Function during Filling Cystometry (e.g. normal, DO, low compliance)	1	2
f. Urethral Closure Mechanism (e.g. USI or No USI)	1	2
g. VLPP (e.g. not obtained or the numerical values)	1	2
Pressure Flow Study	Yes	No
h. PFS Voiding Pattern	1	2
i. Voiding Phase Diagnosis (e.g. normal or abnormal detrusor or urethral function)	1	2
Optional UDS Studies	Yes	No
j. Video findings during UDS (if used)	1	2
k. UPP (if performed)	1	2

B2. How did UDS change the planned treatment? Circle Yes or No for each.

	Yes	No
a. Change to non-surgical treatment	1	2
b. Change surgical procedure	1	2
c. Modify surgical procedure	1	2
d. Delay surgical procedure	1	2
e. Other	1 ↓	2 ➔ SKIP TO B2ai

ei. If other, specify the change: _____

ai. If “Yes” to any questions in B2a-B2e, Specify:

SECTION C: SURGEON'S SIGNATURE

Surgeon's Signature: _____

Date: ____ / ____ / ____
Month Day Year