

### The Princess Grace Hospital

#### part of HCAHealthcare UK

## **Postoperative Assessment Proforma**

#### Date of assessment:

Please affix patient ID sticker here

### Post operative morbidity (please circle)

Return to theatre within 72 hours Yes No

Catheterisation required for more than 10 days

Yes

No

Return to hospital within 30 days for procedure-related event Yes No

How was follow-up carried out: Outpatient visit

Follow-up interval: 3 months

### **Global impression of improvement (please circle)**

Incontinence:	Prolapse:	POPQ assessment
micontinication.	i i diapse.	i Oi Q assessinent

Very much worse Very much worse

Much worse Much worse

Little worse Little worse

No change No change

Little better Little better

Much better Much better

Very much better Very much better

Aa	Ва	С
gh	pb	tvl
Ар	Вр	D

#### Bladder symptoms since surgery (please circle)

**Change in stress incontinence:** Worse No change Improved Cured Not present

Change in urgency/urge incontinence: Worse No change Improved Cured Not present

Does the patient require catheters: Yes No

If yes, were they required pre-op: Yes No

Graft complications (only if mesh used): Yes No

Did not attend: Yes No

		ICIQ-l	JI Short Form	1		
In	itial number	CON	FIDENTIA	<b>L</b>		DAY MONTH YEAR  Today's date
ar		ers them. We wo	ould be g	rateful if	you c	ow many people leak urine, ould answer the following
1	Please write in your d	ate of birth:				
					DAY	MONTH YEAR
2	Are you (tick one):				Female	Male
3	How often do you leak	urine? (Tick one	box)			
						never 0
			а			ek or less often 1
				two		e times a week <sup>2</sup>
						oout once a day <sup>3</sup>
					seve	eral times a day 4
						all the time <sup>5</sup>
	We would like to know How much urine do yo (Tick one box)				protection a mo	none 0 a small amount 2 oderate amount 4 a large amount 6
5	Overall, how much do	_		•		yday life?
	<b>0</b> 1 not at all	2 3 4	5 6	7 8	9	<b>10</b> a great deal
			IC	IQ score:	sum s	cores 3+4+5
6	When does urine leak	? (Please tick all t	hat apply	to you)		
				neve	r – urin	e does not leak
				-		get to the toilet
			lea		•	ough or sneeze
		11				you are asleep
			-		-	ctive/exercising
		leaks when you	i nave tinis		_	obvious reason
				icans		aks all the time

Thank you very much for answering these questions.

	ICIQ-VS 10/05			
Initial number	CONFIDENTIAL			
VAGINAL SY	MPTOMS QUESTIC	NNAIRI	E	
Many people experience vaginal symptoms experience vaginal symptoms, and how muthe following questions, thinking about how	ich they bother them. We wo	uld be grate	ful if you could	d answer
Please write in today's date:		DAY	MONTH	YEAR
Please write in your date of birth:		DAY	MONTH	YEAR
Vaginal symptoms				
1a. Are you aware of dragging pain i	in your lower abdomen?		neve	r 0
			occasionally	

2a.	Are you aware of s	orenes	s in y	our v	vagin	a?							
	•		•								never	0	)
											occasionally	1	ļ
											sometimes	2	2
											most of the time	3	}
											all of the time	4	ŀ
2b.	How much does the Please ring a number		-		at all)	and	10 (a	a grea	at dea	al)			
	not at all	0 1	2	3	4	5	6	7	8	9	<b>10</b> a great deal		

5

How much does this bother you?

not at all

0

Please ring a number between 0 (not at all) and 10 (a great deal)

3

2

1

1b.

**Post-operative** 

2

3

4

sometimes

most of the time all of the time

10

a great deal

Copyright © "ICIQ Group"

3a. Do you feel that you have reduced sensation or feeling in or aro	und your vagina?
	not at all <sup>0</sup>
	a little 1
	somewhat 2
2h Hawanah daga thia bathan yay2	a lot <sup>3</sup>
3b. How much does this bother you?  Please ring a number between 0 (not at all) and 10 (a great deal)	
<b>0</b> 1 2 3 4 5 6 7 8 9	10
not at all	a great deal
Prolapse is a common condition affecting the normal support of the pel descent or 'dropping down' of the vaginal walls and/or the pelvic organs ther bladder, the bowel and the womb. Symptoms are usually worse on standing coughing or exercising) and usually better when lying down and relaxing.  Prolapse may cause a variety of problems. We are trying to find out he prolapse, and how much this bothers them. We would be grateful if you questions, thinking about how you have been, on average, over the PAST FO	nselves. This can include the up and straining (e.g. lifting, ow many people experience could answer the following
<ul><li>4a. Do you feel that your vagina is too loose or lax?</li><li>4b. How much does this bother you?</li></ul>	not at all 0 a little 1 somewhat 2 a lot 3
Please ring a number between 0 (not at all) and 10 (a great deal)	
<b>0</b> 1 2 3 4 5 6 7 8 9	10
not at all	a great deal
5a. Are you aware of a lump or bulge coming down in your vagina?	,
	never 0
	occasionally1
	sometimes 2
	most of the time 3
5h How much does this bother you?	all of the time 4
5b. How much does this bother you?  Please ring a number between 0 (not at all) and 10 (a great deal)	
<b>0</b> 1 2 3 4 5 6 7 8 9	10
not at all	a great deal

Copyright © "ICIQ Group"

ба.	or see it on the outside?	u can feel it on the outside
	or see it on the outside:	never 0
		occasionally 1
		sometimes 2
		most of the time 3
		all of the time 4
6b.	How much does this bother you?	an or the time
	Please ring a number between 0 (not at all) and 10 (a great deal)	
	<b>0</b> 1 2 3 4 5 6 7 8 9	10
	not at all	a great deal
7a.	Do you feel that your vagina is too dry?	
		never0
		occasionally <sup>1</sup>
		sometimes 2
		most of the time 3
		all of the time 4
7b.	How much does this bother you?  Please ring a number between 0 (not at all) and 10 (a great deal)	
	<b>0</b> 1 2 3 4 5 6 7 8 9	10
	not at all	a great deal
		- g
8a.	Do you have to insert a finger into your vagina to help empty yo	ur howels?
Jul	Do you have to moon a imger into your vagina to noip empty yo	never 0
		occasionally 1
		sometimes 2
		most of the time 3
		all of the time 4
8b.	How much does this bother you?	
	Please ring a number between 0 (not at all) and 10 (a great deal)	
	<b>0</b> 1 2 3 4 5 6 7 8 9	10
	not at all	a great deal
9a.	Do you feel that your vagina is too tight?	never
		occasionally
		sometimes
		most of the time
		all of the ation o
9h	How much does this bother you?	all of the time
9b.	How much does this bother you?  Please ring a number between 0 (not at all) and 10 (a great deal)	all of the time
9b.		all of the time

Copyright © "ICIQ Group"

3

# **Sexual matters**

We would be grateful if you could answer the following questions, thinking about how you have been, on average, over the <u>PAST FOUR WEEKS</u>.

10.	Do you have a sex life at present?
	yes ¹
	no, because of my vaginal symptoms 0
	no, because of other reasons 2
	If NO, please go to question 14
11a.	Do worries about your vagina interfere with your sex life?
	not at all <sup>0</sup>
	a little ¹
	somewhat 2
	a lot 3
11b.	How much does this bother you?  Please ring a number between 0 (not at all) and 10 (a great deal)
	<b>0</b> 1 2 3 4 5 6 7 8 9 <b>10</b>
	not at all a great deal
	not at an
120	Do you feel that your relationship with your portner is affected by youing overntome?
12a.	Do you feel that your relationship with your partner is affected by vaginal symptoms?
	not at an
	a little 1
	somewhat <sup>2</sup>
40h	a lot 3
12b.	How much does this bother you?  Please ring a number between 0 (not at all) and 10 (a great deal)
	<b>0</b> 1 2 3 4 5 6 7 8 9 <b>10</b>
	not at all a great deal
13.	How much do you feel that your sex life has been spoilt by vaginal symptoms?
10.	now much do you reel that your sex me has been spont by vaginar symptoms:
	Please ring a number between 0 (not at all) and 10 (a great deal)
	<b>0</b> 1 2 3 4 5 6 7 8 9 <b>10</b>
	not at all a great deal

Copyright © "ICIQ Group"

4

# **Quality of life**

We would be grateful if you could answer the following questions, thinking about how you have been, on average, over the <u>PAST FOUR WEEKS</u>.

14. Overall, how much do vaginal symptoms interfere with your everyday life?

Please ring a number between 0 (not at all) and 10 (a great deal)

0 1 2 3 4 5 6 7 8 9 10

not at all

a great deal

Thank you very much for answering these questions.

# **VAGINAL SYMPTOMS QUESTIONNAIRE**

## SCORING

(This section is for administrative use only)

### Patient number

*	NOT FOR	<b>PATIENT</b>	USE*
---	---------	----------------	------

## Vaginal symptoms score

Vaginal symptom score =  $2 \times (dragging pain) + 2 \times (soreness in vagina) + (reduced sensation) + <math>2 \times (vagina too loose) + 2 \times (lump felt inside) + 2 \times (lump seen outside) + 2 \times (vagina too dry) + (faecal evacuation)$ 

symptom*	score	weighted score
Q1. 'dragging pain'		x 2 =
Q2. 'soreness in vagina'		x 2 =
Q3. 'reduced sensation'		x 1 =
Q4. 'vagina too loose'		x 2 =
Q5. 'lump felt inside'		x 2 =
Q6. 'lump seen outside'		x 2 =
Q7. 'vagina too dry'		x 2 =
Q8. 'faecal evacuation'		x 1 =
Total yan	inal symptoms score	

Total vaginal symptoms score

#### **Sexual matters score**

Sexual matters score = (sex-life spoilt) +  $8\times$  (worries about vagina interfere with sex-life) +  $8\times$  (relationship affected)

sexual matter	score	weighted score
Q11. 'worries about vagina interfere with sex-life'		x 8 =
Q12. 'relationship affected'		x 8 =
Q13. 'sex life spoilt'		x 1 =
Total sexual i	matters score	

# **Quality of life score**

quality of life	score
Q14. 'quality of life affected'	

Copyright © "ICIQ Group"

<sup>\*(</sup>Note: Q9, 'vagina too tight', is primarily for detecting a potential post-treatment complication and is therefore not included in the scoring)