

Patient details

OPT Trial Number: Patient Initials: Weight (kg):

Date of birth (dd/mmm/yyyy):/...../..... Height (cm):

Parity: (Vaginal: C/S:)

Ethnicity (please tick one below):

- White Mixed – white and black Caribbean
- Asian - Indian Mixed – white and black African
- Asian - Pakistani Mixed – white and Asian
- Asian - Bangladeshi Mixed - Other
- Asian - Other Chinese
- Black - Caribbean Other ethnic group
- Black - African If Other ethnic group please state:
- Black - Other Not stated

GP name:

GP Address:

Postcode:

Outpatient clinic Operating Theatre

Date of procedure: (dd/mmm/yyyy):/...../.....

Polyp(s):

- Number: Size (cm, to 1 decimal place): . (largest if multiple)
- Location(s): anterior posterior lateral left lateral right fundal isthmic
left cornual right cornual

Surgical technique:

- Type of anaesthetic: General Regional Local None
- If Local anaesthetic: Direct cervical Paracervical
Please state agent (s), vasoconstrictor, quantity and dose if applicable

Agent	Please tick all used	Dose (%)	Quantity (mls)	Vasoconstrictor	Please tick
Lignocaine	<input type="checkbox"/>			None	<input type="checkbox"/>
Prilocaine	<input type="checkbox"/>			Adrenaline	<input type="checkbox"/>
Mepivacaine	<input type="checkbox"/>			Felypressin	<input type="checkbox"/>
Bupivacaine	<input type="checkbox"/>			Other, please state	<input type="checkbox"/>
Other, please state:					

- Cervical dilatation: Yes No

6. 'Blind' removal Hysteroscopic removal

Please give details of scope and technique:

6.1 Manufacturer: Storz Wolf 'Versacope' (Ethicon) Olympus
Other (If Other, please state)
.....

6.2 Rigid Flexible 6.3 Angle of distal lens (°): 6.4 Outer diameter (mm):

6.5 Resectoscope: Yes No

6.6 Distension medium: Saline Glycine Other (If Other please state)
.....

6.7 Speculum No Speculum (i.e. 'vaginoscopic' polyp removal)

7. Instrument(s) to **detach** polyp: (tick more than one if combination used)

Forceps Snare Scissors Curette 'Blind' polyp/sponge forceps

Electrode If electrode, specify:

Versapoint™ Spring Versapoint™ Twizzle Monopolar resecting loop

Other electrode (please specify:
.....)

Other If other please specify:
.....

8. Complete removal Partial removal Failed removal

If failed or partial removal please state why:

Patient discomfort Unable to access under vision* Inadequate visualisation
(bubbles/blood debris) Unable to locate 'blindly' Equipment failure

Other (If Other, please state)

*i.e. unable to remove because problematic access to polyp as a result of factors such as
patient habitus, uterine axis / size, polyp location / size / type etc.

If failed or partial removal, is further treatment planned? No Yes If Yes is this:

Inpatient Outpatient Other If Other please specify:

Approx date of further treatment:/..... (mm/yyyy)

9. Instrument(s) to **retrieve** polyp: (tick more than one if combination used)

None Hysteroscopic 'Blind' forceps Curette Failed to retrieve

If 'failed' to retrieve please state why:

Patient discomfort Narrowed cervix / big polyp Unable to locate 'blindly' Unable
to grasp under vision Other (If Other, please state)

10. Operative complications (attach separate sheet if necessary)
None Vaso-vagal episode Cervical trauma Uterine perforation
Haemorrhage Other (If Other, please state)
.....

11. **Was further treatment prescribed for bleeding?** No Yes
If **Yes**, please give name of treatment: Ponstan (mefenamic acid)
Cyklokapron (tranexamic acid) Contraceptive pill (any brand) Mirena coil
Progesterones Hormone Replacement Therapy (HRT) Local oestrogen cream
Other If Other, please specify:
.....

Time taken

12. Polypectomy (mins):
(From insertion to removal of vaginal instrumentation post-randomisation)

13. If OUTPATIENT time taken to complete the consultation (mins):
(From entry to exit of outpatient room)

14. If INPATIENT time taken in operating theatre (mins):
(From 'check' in anaesthetic room to transfer to recovery area)

Name of surgeon (please print):
.....

Grade: Consultant Associate Specialist Staff Grade Specialist Registrar

Other If Other, please specify:
.....

Signed: Date:/...../..... (dd/mmm/yyyy)

Please enter data online at <https://www.trials.bham.ac.uk/OPT> or return forms to: OPT Study Office, FREEPOST RRKR-JUZR-HZHG, BCTU, Division of Medical Sciences, University of Birmingham, B15 2TT, or return by Fax: 0121 415 9135.