

## PROLAPSE 12 MONTH CLINIC REVIEW ASSESSMENT FORM

CONSULTANT  STUDY NUMBER

Date of birth of woman

Date when woman seen

**PLEASE COMPLETE THE POP-Q FIRST  
AND TRY TO REMAIN "BLIND" TO STUDY ALLOCATION**

**1 Did you know which randomised study group this woman was in *prior to* completing the POP-Q (e.g. woman may volunteer information)?** Yes  No

**2 Did you know which operation this woman actually received *prior to* completing the POP-Q (e.g. woman may volunteer information)?** Yes  No

If this woman did not attend for her 12 month review, please try to complete this form as fully as possible from her medical records, and tick here:

Signature:

Print Name:

Status

Consultant/  
Associate Specialist

Junior doctor

Recruitment Officer

## Section A Clinical examination and POP-Q

**A1 Please mark measurements by ticking the boxes corresponding to the measurements (this will visually enable you to stage the prolapse), and enter the measurements for GH, PB and TVL.**

*Please measure while woman is pushing down.* Date of POP-Q

	External					Hymen			Internal								
cm	+6	+5	+4	+3	+2	+1	0	-1	-2	-3	-4	-5	-6	-7	-8	-9	-10
Aa																	
Ba																	
C																	
D																	
Bp																	
Ap																	
	Stage 3 or 4 (depending on tvl)					Stage 2			S1	Stage 0 or 1 (depending on tvl)							

Genital Hiatus  cm      Perineal Body  cm      Total Vaginal Length  cm

Cervix present  Yes  No      Bladder empty  Yes  No      Bowel empty  Yes  No      Maximum protrusion seen  Yes  No

**A2 What grade of prolapse does the woman have (0 to 4 in each box)?**

Anterior (Ba)       Posterior (Bp)   
Cervix/uterus (C)       OR      Vault/cuff (C)

**A3 If ANTERIOR, what type of anterior prolapse does the woman have?**

Midfascial       Paravaginal       Both       Unknown       No anterior prolapse

**A4 Mesh exposure/extrusion/graft problems observed on examination?**

Yes  No  Not applicable

**A5 Other problem identified on examination?**

Yes  No

If yes to A4 or A5, please give details and complete Adverse Event Form