

Client Tracker

- Check boxes indicate selection of multiple answers if appropriate.
- Circles indicate mutually exclusive answer options.

I. Quality Assurance Required Data

Patient ID: _____ Patient Initials: _____ Date of Assessment (dd/mm/yyyy): _____

Contact phone #: _____ Facility: _____ Facility Record No: _____

Phone owner:

- Patient
- Spouse
- Spouse family
- Sibling
- Child
- Other family
- Neighbor/friend
- Other: _____

Country:

- Bangladesh
- DRC
- Guinea
- Niger
- Nigeria
- Uganda
- Togo
- Other: _____

II. Obstetrics and Gynecology Profile

Age on date of assessment (in years): _____

Menopause status:

- Pre-puberty
- Premenopausal
- Menopausal
- Age of menopause (in years): _____

Uterus status:

- Intact
- Removed
- Congenitally absent

Age menarche (in years): _____

Pregnant on data of assessment:

- Yes
- No

Pregnancy:

Total # births: _____ # live births: _____
 # stillborn: _____ # children alive now: _____

Lactating:

- Yes
- No

Last menses: _____

(dd/mm/yyyy or # of weeks prior to exam)

III. Pertinent History

Prolonged/obstructed labor (P/OL) sequelae of labor reported to have lasted 2 or more days on history (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Other bone sequelum |
| <input type="checkbox"/> Fistula urinary tract | <input type="checkbox"/> Chronic pelvic or leg pain onset after P/OL |
| <input type="checkbox"/> Fistula colorectal tract | <input type="checkbox"/> Infertility onset after P/OL |
| <input type="checkbox"/> Urinary incontinence onset after P/OL | <input type="checkbox"/> Vaginal scarring |
| <input type="checkbox"/> Fecal/flatal incontinence onset after P/OL | <input type="checkbox"/> Depression or anxiety onset after P/OL |
| <input type="checkbox"/> Diastasis pubis | <input type="checkbox"/> Stillborn |
| <input type="checkbox"/> Footdrop | <input type="checkbox"/> Hypoxic liveborn (e.g. flaccid, cerebral palsy, developmental delays, other neuro) |
| <input type="checkbox"/> Osteomyelitis | |

prior surgeries for POP symptoms: _____

prior surgeries for incontinence symptoms: _____
 (intact anatomy and/or fistula)

Fistula etiology/etiologies (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Indeterminate | <input type="checkbox"/> Infection (schistosomiasis, amebiasis, lymphogranuloma) |
| <input type="checkbox"/> Obstetric labor > 2 days (obstetric = due to ischemia/necrosis from P/OL) | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Unclear if obstetric or iatrogenic: obstructed labor > 2 days with cesarean | <input type="checkbox"/> Trauma due to pelvic crush or impalement injury |
| <input type="checkbox"/> Iatrogenic operative vaginal birth | <input type="checkbox"/> Trauma due to sexual violence |
| <input type="checkbox"/> Iatrogenic cesarean birth | <input type="checkbox"/> Trauma due to genital cutting done by traditional cutter or vaginal packing traditional rituals |
| <input type="checkbox"/> Iatrogenic non-obstetric pelvic surgery | <input type="checkbox"/> Trauma due to genital cutting done by licensed clinician |
| <input type="checkbox"/> Congenital defect - ectopic ureter, cloacal defect, other | |

IV. Staging and Diagnoses

Fistula level of complexity (*surgeon assessment*):

- Cannot determine
- Simple
- Moderate
- Complex, eligible for surgical repair
- Complex, not eligible for surgical repair

POP staging system used:

(*check all that apply and specify staging*)

- None
- Baden Walker – specify staging: _____
- POP Q – specify staging: _____
- Other: _____ – specify staging: _____

Fistula staging system used:

(*check all that apply and specify staging*)

- None
- Goh – specify staging: _____
- Waaldijk – specify staging: _____
- Panzi – specify staging: _____
- Tafesse – specify staging: _____
- Other: _____ – specify staging: _____

Fistula diagnoses (*check all that apply*):

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> No fistula <input type="checkbox"/> Ureteric fistula to uterus [list R L] <input type="checkbox"/> Ureteric fistula to vagina [list R L] <input type="checkbox"/> Vesico-uterine fistula <input type="checkbox"/> Vesico-cervical fistula <input type="checkbox"/> Vesico-vaginal fistula – <ul style="list-style-type: none"> <input type="radio"/> Midline, not circumferential <input type="radio"/> Circumferential <input type="radio"/> Lateral <input type="radio"/> Pericervical | <ul style="list-style-type: none"> <input type="checkbox"/> Urethro-vaginal fistula – <ul style="list-style-type: none"> <input type="radio"/> Partial <input type="radio"/> Posterior urethra absent <input type="radio"/> Urethra absent <input type="checkbox"/> Urethra separated from bladder <input type="checkbox"/> Urethra not patent <input type="checkbox"/> Rectovaginal <ul style="list-style-type: none"> <input type="radio"/> High <input type="radio"/> Mid-vagina <input type="radio"/> Low vagina <input type="radio"/> 4th degree tear |
|---|---|

Pelvic organ prolapse (POP) diagnoses (*check all that apply*):

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> No POP <input type="checkbox"/> Apex POP – <ul style="list-style-type: none"> <input type="radio"/> Uterus intact, cervix normal length <input type="radio"/> Uterus intact, cervix hypertrophied <input type="radio"/> Uterus out, cuff descending <input type="checkbox"/> Anterior POP – <ul style="list-style-type: none"> <input type="radio"/> Central defect <input type="radio"/> Paravaginal defect(s) <input type="radio"/> Central and paravaginal | <ul style="list-style-type: none"> <input type="checkbox"/> Posterior POP – enterocele <input type="checkbox"/> Posterior POP – rectocele <input type="checkbox"/> Posterior POP – perineal damage <input type="checkbox"/> Posterior POP – perineum completely disrupted/absent <input type="checkbox"/> Levator(s) not intact (total atrophy) <input type="checkbox"/> Levators intact – <ul style="list-style-type: none"> 1. <i>Diastasis</i>: <input type="radio"/> Yes <input type="radio"/> No 2. <i>Contraction function</i>: <input type="radio"/> Normal <input type="radio"/> Absent <input type="radio"/> Impaired |
|--|---|

Incontinence/urinary and colorectal diagnoses (intact anatomy) (*check all that apply*):

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> None, normal urinary tract & colorectal tract <input type="checkbox"/> Ureteric stenosis [list R L] <input type="checkbox"/> Kidneys hydronephrosis [list R L] <input type="checkbox"/> Voiding dysfunction due to bladder outlet obstruction up to an including urinary retention <input type="checkbox"/> Constipation <input type="checkbox"/> Severe hemorrhoids <input type="checkbox"/> Worms | <ul style="list-style-type: none"> <input type="checkbox"/> Urinary incontinence – <ul style="list-style-type: none"> <input type="radio"/> Stress (SUI) <input type="radio"/> Urge or overactive bladder (OAB) <input type="radio"/> Mixed SUI/OAB <input type="checkbox"/> Fecal incontinence, sphincteric – <ul style="list-style-type: none"> <input type="radio"/> To flatus <input type="radio"/> To flatus and soft stool <input type="radio"/> To flatus, soft and hard stool |
|--|---|

Genital tract diagnoses (*check all that apply*):

- | | |
|--|---|
| <input type="checkbox"/> None [normal uterus, tubes, ovaries, vagina, perineum, labia, clitoris] | <input type="checkbox"/> Cancer of ovaries |
| <input type="checkbox"/> Uterine fibroids | <input type="checkbox"/> Pelvic tuberculosis |
| <input type="checkbox"/> Endometritis | <input type="checkbox"/> Vaginal stenosis |
| <input type="checkbox"/> Suspected Asherman's syndrome | <input type="radio"/> Mild |
| <input type="checkbox"/> Uterine rupture, acute or chronic | <input type="radio"/> Moderate |
| <input type="checkbox"/> Cervical laceration | <input type="radio"/> Severe |
| <input type="checkbox"/> Cervical stenosis with hematometra | <input type="radio"/> Completely scarred shut |
| <input type="checkbox"/> Cervix deviated into rectum or bladder | <input type="checkbox"/> Prior FGC |
| <input type="checkbox"/> Tuboovarian abscess | <input type="radio"/> No sebaceous cyst(s) |
| <input type="checkbox"/> Ovarian mass, cystic or solid | <input type="radio"/> With sebaceous cyst(s) |
| <input type="checkbox"/> Cancer of cervix | <input type="radio"/> Suture granuloma |
| <input type="checkbox"/> Cancer of uterus (sarcoma or endometrial) | <input type="radio"/> Gishiri cutting |

V. Admission

Date admitted to facility

(*dd/mm/yyyy*): _____

Admission to facility indicated:

- | | |
|---|--|
| <input type="radio"/> Admit for non-surgical therapy – fistula, POP or incontinence | <input type="radio"/> No admission indicated |
| <input type="radio"/> Admit for surgical therapy – fistula, POP or incontinence | <input type="radio"/> Admit to hospital for stabilization before surgery |
| | <input type="radio"/> Admit to housing facility for stabilization before surgery |

VI. Non-surgical

Non-surgical therapy(s) for fistula, POP, incontinence, genital tract (*check all that apply*):

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Overactive bladder medications (amitryptiline, other anti-cholinergic) | <input type="checkbox"/> Pessary |
| <input type="checkbox"/> Pelvic floor physical therapy | <input type="checkbox"/> Catheter |
| <input type="checkbox"/> Dilators | <input type="checkbox"/> Debridement |
| <input type="checkbox"/> Timed voiding bladder drills | <input type="checkbox"/> Other: _____ |

Staged treatment indicated: Yes No

Non-surgical therapy outcome(s) for fistula, POP, incontinence, genital tract (*check all that apply*):

- | | | |
|---|---|--|
| <input type="checkbox"/> Fistula – | <input type="checkbox"/> POP– | <input type="checkbox"/> Incontinence– |
| # of day(s) catheterization as therapy: _____ | <input type="radio"/> Worse with pessary | <input type="radio"/> Worse |
| <input type="radio"/> No change or worse after catheter therapy | <input type="radio"/> No change with pessary | <input type="radio"/> No change |
| <input type="radio"/> Smaller but still patent after catheter therapy | <input type="radio"/> Somewhat improved, persist with pessary | <input type="radio"/> Somewhat improved, persists |
| <input type="radio"/> Closed after catheter - incontinent of urine | <input type="radio"/> Cured with pessary | <input type="radio"/> Significantly improved, persists |
| <input type="radio"/> Closed after catheter - continent of urine | | <input type="radio"/> Cured |

VII. Surgical

Date of surgery (*dd/mm/yyyy*): _____

Route of operation (*check all that apply*):

- Vaginal
- Abdominal
- Combined vaginal/abdominal

Type of anesthesia (*check all that apply*):

- | | |
|--|---|
| <input type="checkbox"/> No anesthesia | <input type="checkbox"/> General anesthesia - endotracheal tube |
| <input type="checkbox"/> Sedation only | <input type="checkbox"/> Spinal or epidural |
| <input type="checkbox"/> Ketamine | <input type="checkbox"/> Local infiltration |
| | <input type="checkbox"/> Other: _____ |

Surgical therapy(s) for fistula, POP, incontinence, genital tract (*check all that apply*):

Fistula Procedures

Vaginal –

- Vesico-vaginal
 - Small midline
 - Large circumferential
 - Multiple
 - "On the bone" lateral
 - Peri-cervical
- Vesico-cervical fistula
- Vesico-uterine fistula
- Paravaginal bladder mobilization
- Anterior bladder mobilization
- Posterior vesico-uterine bladder mobilization
- Urethral fistula partial
- Urethral re-anastomosis, posterior
- Urethral re-anastomosis, circumferential
- Urethral reconstruction – anterior bladder tube
- Urethral reconstruction – labial/vaginal skin tube
- Urethral reconstruction – buccal mucosa graft
- Urethral reconstruction – other
- Ureteric "railroad" re-implantation [list R L]
- Ureteric catheterization
- Rectovaginal –
 - Small-medium
 - Circumferential mid-low vagina
 - Circumferential high vagina/cervix
 - With 4th degree
- Rectal advancement flap
- Levatorplasty interposition over RVF
- Cloacal defects - combination VVF RVF
- Perineoplasty at RVF
- Sphincteroplasty at RVF
- Graft Martius
 - R
 - L
 - R+L

Vaginal –

- Graft perineal/buttock/groin
 - R
 - L
 - R+L
- Graft peritoneal anterior compartment
- Graft peritoneal posterior compartment

Abdominal –

- Urethral reanastomosis, circumferential
- Vesicovaginal –
 - O'Connor (bi-valve)
 - Cystotomy (no bi-valve)
- Vesicouterine
- Vesicocervical
- Uretero-uterine
- Recto-uterine
- Rectovaginal
- Ureter dissection
- Ureteric catheterization
- Ureteric re-implantation direct
- Ureteric re-implantation non-refluxing
- Psoas hitch
- Boari flap
- Graft peritoneal
- Graft omental J-flap
- Vaginal cecum or sigmoid harvest for neo-vagina
- Other concurrent surgeries: _____
- Blue test intra-op –
 - Negative
 - Positive
- Diversion procedures –
 - Urinary diversion: type: _____
 - Colostomy, type: _____

POP Procedures

Apex compartment –

- Hysteropexy (select suspension anchor below)
- Trachelorrhaphy for cervix hypertrophy, cm excised: ____
- Hysterectomy (select vaginal cuff suspension anchor below)
- Uterus absent (select vaginal cuff suspension anchor below)
- Fallopian tube(s) excised (list R L)
- Ovary(s) excised (list R L)
- Suspension to:
 - Sacrum
 - Uterosacral ligaments abdominal approach
 - Uterosacral ligaments vaginal approach
 - Sacrospinous ligament(s) [list R L]

Enterocele repair –

- Sac not excised
- Sac excised

Anterior compartment –

- Anterior colporrhaphy

Paravaginal repair –

- Abdominal
- Vaginal

Posterior compartment & perineum –

- Colporrhaphy
 - Without levatorplasty
 - With levatorplasty
 - Site-specific rectovaginal fascia repairs
- Perineorrhaphy
- Complete perineoplasty

Incontinence Procedures

- Pubovaginal sling –
 - Rectus fascia
 - Fascia lata
 - Other
- Urethropexy –
 - Burch/abdominal
 - Vaginal
- Other urinary incontinence (e.g. bladder augment for low volume, low compliance bladder), specify: _____
- Anal sphincteroplasty –
 - Overlapping "vest over pants"
 - "End to end"
 - "U" configuration anchored to perineum fascia
- Anal incontinence operation, type: _____

Genital Tract Procedures

- Uterine reconstruction for uterine rupture
- Myomectomy
- Hysterectomy – non-POP indication
- Vaginoplasty –
 - Obliterative or strictured vaginal fibrosis dissection
 - Graft labial, perineal or buttock flap
- Vaginoplasty –
 - Graft peritoneal or rectus muscle flap
 - Neo-vagina large intestine
 - Neo-vagina skin graft (McIndoe)
 - Cervicoplasty
 - Cervical re-vaginalization

Surgical therapy outcome(s) for fistula, POP, incontinence, genital tract (*check all that apply*):

- Fistula urinary tract–
 - Persists/recurred
 - Closed, incontinent
 - Closed, continent
- Fistula colorectal tract –
 - Persists/recurred
 - Closed, incontinent
 - Closed, continent
- Fistula surgery impact on genital tract -
 - Vagina normal contour
 - Cervix normal contour and patency
 - Vagina fibrosis requiring reconstruction
 - Cervix stenotic or other defect requiring cervicoplasty
- POP –
 - Not improved
 - Partial cure
 - Complete cure
- De novo urinary incontinence after POP surgery
- De novo colorectal incontinence after POP surgery
- De novo vaginal stricture after POP surgery
- Incontinence urinary tract SUI –
 - no change
 - reduced
 - cured
- Incontinence urinary tract OAB –
 - OAB persistent
 - OAB de novo
- De novo bladder outlet obstruction, voiding difficulty
- Incontinence colorectal tract –
 - No change
 - Reduced
 - Cured
- De novo rectal stricture causing pain or constipation

days catheterization after fistula surgery: _____ # of month(s) follow-up: _____

VIII. Complications and Sentinel Events

Sentinel events summary:

- Sentinel event(s) occurred, tracker not completed
- Sentinel event(s) occurred, tracker completed
- No sentinel event(s)

Treatment complications (*check all that apply*):

- | | | | |
|---|--|---|--|
| <u>Anesthesia & Cardio-Respiratory:</u> | <u>Intra-operative:</u> | <u>Post-operative:</u> | |
| <input type="checkbox"/> High spinal | <input type="checkbox"/> Ureter or kidneys | <input type="checkbox"/> Admission to intensive care | <input type="checkbox"/> Uro-peritoneum |
| <input type="checkbox"/> Aspiration | <input type="checkbox"/> Intestines | <input type="checkbox"/> Post-fistula repair wound breakdown | <input type="checkbox"/> Feco-peritoneum |
| <input type="checkbox"/> Respiratory arrest | <input type="checkbox"/> Major blood vessels | <input type="checkbox"/> Ureteric obstruction | <input type="checkbox"/> Hemo-peritoneum |
| <input type="checkbox"/> Cardiac arrest | <input type="checkbox"/> Surgical hemorrhage requiring blood transfusion | <input type="checkbox"/> Immediate recurrence POP in hospital | <input type="checkbox"/> Hematometra |
| <input type="checkbox"/> Death | <input type="checkbox"/> intra/post-op | <input type="checkbox"/> Sepsis | <input type="checkbox"/> Meno-uria |
| | | | <input type="checkbox"/> Feco-uria |

IX. Discharge

Date of discharge (*dd/mm/yyyy*): _____ Total length of stay (LOS) at facility (#days): _____

X. Safety Checklists Completed

Checklist Completed

Check one box for each checklist.

1. Surgical candidacy	<input type="radio"/> Not completed	<input type="radio"/> Completed partially	<input type="radio"/> Completed fully
2. Pre-op clearance	<input type="radio"/> Not completed	<input type="radio"/> Completed partially	<input type="radio"/> Completed fully
3. WHO surgical safety	<input type="radio"/> Not completed	<input type="radio"/> Completed partially	<input type="radio"/> Completed fully
4. Operation report	<input type="radio"/> Not completed	<input type="radio"/> Completed partially	<input type="radio"/> Completed fully
5. Patient transport	<input type="radio"/> Not completed	<input type="radio"/> Completed partially	<input type="radio"/> Completed fully
6. Post-op daily care	<input type="radio"/> Not completed	<input type="radio"/> Completed not all days	<input type="radio"/> Completed all days
7. Discharge summary	<input type="radio"/> Not completed	<input type="radio"/> Completed partially	<input type="radio"/> Completed fully

XI. Family Planning Counseling Sessions

Timing of FP Counseling

Check only one box, except for questions on method(s).

	Eligibility & needs assessed	Assessed, eligible – <input type="radio"/> Needs FP <input type="radio"/> No FP needs	<input type="radio"/> Assessed, not eligible <input type="radio"/> Not assessed <input type="radio"/> Deferred
1. Admission	Current contraception method(s) <i>(check all that apply)</i>	<input type="checkbox"/> None <input type="checkbox"/> Rhythm <input type="checkbox"/> Withdrawal <input type="checkbox"/> Condom male <input type="checkbox"/> Condom female	<input type="checkbox"/> Spermicide <input type="checkbox"/> Diaphragm <input type="checkbox"/> Cervix cap <input type="checkbox"/> Oral pills <input type="checkbox"/> Depo-Provera <input type="checkbox"/> Implant <input type="checkbox"/> IUCD <input type="checkbox"/> Vasectomy <input type="checkbox"/> Tubal ligation <input type="checkbox"/> Abstinence <input type="checkbox"/> Other: _____
	Current contraception needs renewal	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Deferred
2. Pre-treatment	Counseling completed	<input type="radio"/> Not eligible for FP <input type="radio"/> Deferred	Eligible for FP– <input type="radio"/> Counsel completed <input type="radio"/> Counsel not completed
3. Intra-op	Tubal-ligation during surgery	Eligible, requested – <input type="radio"/> Not done <input type="radio"/> Completed	<input type="radio"/> Eligible, not offered/no counseling <input type="radio"/> Not eligible
4. Post-treatment	Counseling completed	<input type="radio"/> Not eligible for FP <input type="radio"/> Deferred	Eligible for FP– <input type="radio"/> Counsel completed <input type="radio"/> Counsel not completed
5. Discharge	Counseling completed	<input type="radio"/> Not eligible for FP <input type="radio"/> Deferred	Eligible for FP– <input type="radio"/> Counsel completed <input type="radio"/> Counsel not completed
	Contraception method at discharge <i>(check all that apply)</i>	<input type="checkbox"/> None <input type="checkbox"/> Rhythm <input type="checkbox"/> Withdrawal <input type="checkbox"/> Condom male <input type="checkbox"/> Condom female	<input type="checkbox"/> Spermicide <input type="checkbox"/> Diaphragm <input type="checkbox"/> Cervix cap <input type="checkbox"/> Oral pills <input type="checkbox"/> Depo-Provera <input type="checkbox"/> Implant <input type="checkbox"/> IUCD <input type="checkbox"/> Vasectomy <input type="checkbox"/> Tubal ligation <input type="checkbox"/> Abstinence <input type="checkbox"/> Other: _____