

Surgical Assessment Form (SAF)



Please measure while patient is pushing down.

Date of POP-Q

D	D	M	M	Y	Y
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Consultants Name: _____

If pessary is currently in use, use last recorded POP Q or go to A2.

Genital Hiatus	Perineal Body	Total Vaginal Length
cm	cm	cm

cm	External					Hymen			Internal								
	+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)							

Cervix present Yes No

Bladder/empty Yes No

Bowel/empty Yes No

Maximum protrusion seen Yes No

[Picture of POP-Q here]

A1 If ANTERIOR, what type of anterior prolapse does the woman have?

Midfascial Paravaginal Both Unknown No anterior prolapse

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

Anterior (a) Posterior (p)

Cervix/uterus (C) OR Vault/cuff (C)

A3 Which compartment is going to be repaired?

Anterior (a) Posterior (p)

Cervix/uterus (C) OR Vault/cuff (C)

Suitable for randomisation? YES / NO

Primary? Secondary?

Height	Weight	BMI
cm	kg	

Please attach address label and enter contact telephone number(s) if willing to be contacted by PROSPECT researcher (by post and/or telephone)

Place label here (top and bottom copy)

Woman's contact telephone number(s)

1. _____

2. _____

Permission to leave message? YES / NO

Please return top copy to Local Recruitment Officer in envelope provided and file bottom copy in notes.