

## Standardisation of Surgical Procedures in PROSPECT

Please complete last column to indicate your own practice when performing prolapse surgery (circle or amend). If you vary your technique, please tell us about the one you use most often.

Name.....

Centre.....

### 1. Standard anterior repair

Date: ...../...../20.....	Procedures	Local practice (variations) <i>Please circle or amend</i>
	Midline skin incision through fascial layer and dissection of bladder off cervix / vault	Midline incision Other (details)..... .....
	+/- hydrodissection with 1 in 200,000 adrenaline	Yes          No Volume: .....ml
<b>Anterior Repair Type 1</b>	Dissect fascia off vaginal epithelium	Blunt dissection? Sharp dissection?
<b>Anterior Repair Type 2</b>	Leave fascia on vaginal skin  Dissection laterally (but not all the way to the 'white line') and sutures placed into fascia in this area	Blunt dissection? Sharp dissection?
Closure	Fascia and skin closed separately (2-layer closure)  Plicate fascia in midline if midline defect? Yes No  Separate closure of other fascial defects? Yes No  Paravaginal repair? Yes No  Skin closed	<b>FASCIA</b> PDS or Vicryl? Fascial sutures: • continuous locking • continuous non-locking • interrupted?  <b>SKIN</b> PDS or Vicryl? Skin sutures: • continuous locking • continuous non-locking • interrupted?

## 2. Standard Posterior repair

Date: ...../...../20.....	Procedures	Local practice (variations) <i>Please circle or amend</i>
	Midline skin incision through fascial layer	Midline incision  Other (details)..... .....
	+/- hydrodissection with 1 in 200,000 adrenaline	Yes            No  Volume: .....ml
<b>Posterior Repair Type 1</b>	Dissect fascia off vaginal epithelium	Blunt dissection?  Sharp dissection?
<b>Posterior Repair Type 2</b>	Leave fascia on vaginal skin  Dissection laterally (but not all the way to the sacrospinous ligament) and sutures placed into fascia in this area	Blunt dissection?  Sharp dissection?
Rectal plication	Optional	Yes            No
Closure	Fascia and skin closed separately (2-layer closure)  Plicate fascia over rectum in midline if midline defect?    Yes    No  Separate closure of other fascial defects?                    Yes    No  Skin closed	<b>FASCIA</b> PDS or Vicryl? Fascial sutures: <ul style="list-style-type: none"> <li>• continuous locking</li> <li>• continuous non-locking</li> <li>• interrupted?</li> </ul> <b>SKIN</b> PDS or Vicryl? Skin sutures: <ul style="list-style-type: none"> <li>• continuous locking</li> <li>• continuous non-locking</li> <li>• interrupted?</li> </ul>
Levator plication in midline	<b>NOT</b> to be done as causes dyspareunia	
Rectal examination	PR examination during dissection or after operation to ensure sutures do not penetrate rectal wall	Yes            No

### 3. Mesh / graft inlay

Date: ...../...../20.....	Procedures	Local practice (variations) <i>Please circle or amend</i>
	Nonabsorbable mesh  Biological graft  Mesh Kit	Type: .....  Type: .....  Type: .....
	How many kit procedures have you performed?	<10; 10-20; 20-49; > 50
Lateral dissection of pubocervical fascia from vaginal wall	Separate bladder / rectum from fascia using blunt / sharp dissection  +/- hydrodissection with 1 in 200,000 adrenaline Dissect fascia off vaginal epithelium [Optional] Dissect out to pelvic side wall (white line or sacrospinous ligament)	Blunt dissection? Sharp dissection?  Hydrodissection with 1 in 200,000 adrenaline?  Lateral dissection to white line or sacrospinous ligament?
Graft / mesh inlay	Cut material to size and lay below fascia (inlay, recommended): <b>OR</b> above fascial layer:  Size of mesh/graft:  [Optional] soak mesh in Rifampicin? <b>OR</b> Other fluid?  <b>ATTACHING THE MESH</b> Fix at least 2 PDS/Vicryl sutures or 2 non-absorbable sutures to pelvic side wall / coccygeus muscle on each side  <b>OR</b> Attach to white line or sacrospinous ligament  +/- Capio suturing device	Below fascial layer ( <b>INLAY</b> ), <b>OR</b> above fascial layer ( <b>OVERLAY</b> )  Size of mesh patch:.....cm <sup>2</sup>  Rifampicin? <b>OR</b> Other fluid?.....  PDS to attach mesh?  Vicryl to attach mesh?  Non-absorbable suture?  Attach to white line (ant)?  Attach to sacrospinous ligament (post)?  Capio suturing device? Yes                      No
	(for anterior repair): Mesh should also be secured to vault or cervix with a suture(s)	Yes                      No

### 3. Mesh / graft inlay (continued)

Closure	<p>Two-layer closure (PDS or Vicryl):</p> <ol style="list-style-type: none"> <li>1. Fascial sutures inserted back from skin edge over mesh/graft (<b>INLAY</b>)</li> <li>2. Skin closed as second layer (<b>OVERLAY</b>)</li> </ol>	<p><b>FASCIA</b> PDS or Vicryl? Fascial sutures:</p> <ul style="list-style-type: none"> <li>• continuous locking</li> <li>• continuous non-locking</li> <li>• interrupted?</li> </ul> <p><b>SKIN</b> PDS or Vicryl? Skin sutures:</p> <ul style="list-style-type: none"> <li>• continuous locking</li> <li>• continuous non-locking</li> <li>• interrupted?</li> </ul>
---------	---	--

### 4. Vaginal packs and lubricants

Date: ...../...../20.....	Procedures	Local practice (variations) <i>Please circle or amend</i>	
	Vaginal pack used for up to 24 hours	Yes	No
	(If yes) Lubricated?	Oestrogen	Proflavine
		Betadine	Dalacin
		Hibitane	Obstetric cream
		Saline	Savlon
		Aquagel	Dry pack

## 5. POP-Q standardisation

Date: ...../...../20.....	Recommended	Local practice (variations) <i>Please circle or amend method used most often</i>
<b>Position</b>	Lithotomy / in leg rests	Lithotomy / in leg rests On back on flat bed or table On side Standing up In theatre / under anaesthetic  Sims speculum Plastic speculum (halved) Other
<b>Conditions</b>	Bladder status not specified but recorded  Bowel loading recorded  Full extent of prolapse seen?  During Valsalva / pushing down  Ruler / measuring stick	Full bladder Empty bladder Not specified but recorded Bladder status not assessed  Bowel loading recorded Bowel loading not recorded  Full extent recorded Full extent not recorded  At rest During Valsalva / pushing down During cough  Ruler / measuring stick Finger measure Estimate by eye