**BSUG MDT proforma**

**Case details (to be completed by referring clinician)**

**Urogynaecology MDT Meeting**



**Date:**

Procedure Agreed Yes/No

Consent Complete Yes/No

BSUG Database Consent Yes/No

**Important risk factors**

**BMI: Parity:**

**Previous surgery:**

**Comorbidities:**

**Patient Details**

Name

DOB

NHS Number

Hospital Number

**Actions**

[ ]  Virtual Clinic RV Cons \_\_\_\_

[ ] Face to face clinic Cons \_\_\_\_

[ ]  Imaging Specify\_\_\_\_\_\_\_\_\_\_\_

[ ]  Bladder diary

[ ]  UDS / Voiding studies

[ ]  CISC

[ ]  PFMT

[ ]  Can list for surgery

[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MDT discussion and plan**

**Most bothersome problem:**

**Other complaints:**

|  |  |  |
| --- | --- | --- |
| Aa | Ba | C |
| Gh | Pb | TVL |
| Ap | Bp | D |

|  |  |
| --- | --- |
|  | **Date** |
| MSU result: |  |
| Cytology/MC&S Results: |
| Cystoscopy or NA? |  |
| Cystoscopy result: |
| Bladder diary |  |
| PROM |  |
| PFMT offered |  |
| PFMT undertaken? [ ]  Yes [ ]  No  |
| Pessary offered or NA? |  |
| Urodynamics or NA? |  |
| Urodynamics result: |
| Transvaginal USS or NA |  |
| TVS Result: |

Other Investigations?

**Information leaflet**

NICE PDA/ Trust/ BSUG/ IUGA/ BAUS/ Not Applicable

**Management options discussed?**

See PTO [ ]  or document below:

1.

2.

3.

**Patient’s preferred option: 1 2 3**

**Listing information Date added to list \_\_\_\_\_\_\_\_\_\_\_\_**

**Setting** [ ] OPD [ ] DSU [ ] 23 hour stay [ ] Main theatre

**Priority** [ ] Urgent [ ] Routine

**Joint case** [ ] Urogynae x 2 consultants[ ] Colorectal [ ] Urology

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|  |
| --- |
| **Tick where written information given regarding surgical treatment options:** |
|  [ ]  Discussed and provided NICE SUI PDA  | [ ]  Retropubic Mid-urethral sling | [ ]  Colposuspension  |
|  [ ]  Autologous Fascial Sling | [ ]  Urethral bulking agent |  |
| Sign to confirm documentation in notes / letter of information giving |  | **Date:** |

|  |
| --- |
| **Procedure selected by patient and agreed by MDT(Circle as applicable):**Incontinence surgeryMDT checklist |
| Retropubic TVT Lap / Open Colposuspension: Absorbable Suture Non-Absorbable Suture |
| Autologous Fascial Sling Urethral bulking agent |

|  |
| --- |
| **Tick where written information given regarding surgical treatment options if patient has decided against only conservative care:** |
| **Posterior compartment prolapse** |
| [ ]  Posterior repair +/- perineorrhaphy |  |  |
| **Anterior and/or uterine prolapse** |
| [ ] Anterior repair | [ ] Vaginal hysterectomy +/- sacrospinous ligament fixation |
| [ ] Vaginal sacrospinous hysteropexy with sutures | [ ] Open or laparoscopic mesh Sacro-hysteropexy/cervicopexy |
| [ ] Colpocleisis | [ ] Manchester repair |
| [ ] **Discussed and provided: NICE Uterine POP PDA** |
| **Vault prolapse** |
| [ ] Sacrospinous ligament fixation | [ ] Open or laparoscopic mesh Sacrocolpopexy |
| [ ] Colpocleisis | [ ] **Discussed and provided NICE Vault prolapse PDA** |
| Sign to confirm documentation in notes / letter of information giving |  | Date: |

#### Pelvic Organ

#### Prolapse surgery

#### MDT checklist

|  |
| --- |
| **Procedure selected by patient and agreed at MDT (circle as applicable):** |
| Posterior repair +/- perineorrhaphy | Sacrocolpopexy | Sacrospinous hysteropexy with sutures |
| Anterior repair | Sacrospinous ligament fixation | Sacro-hysteropexy/cervicopexy with mesh |
| Vaginal hysterectomy +- Sacrospinous ligament fixation | Colpocleisis | Manchester repair |

**FOR EITHER SUI/POP Surgery please complete if/when known:**

|  |  |  |
| --- | --- | --- |
| Image result for bsug logo" | Date completed | Signed |
| Date Decision made for surgery |   |  |
| Consent form completed |  |  |
| Copy of consent form given to patient |  |  |
| Added to W/L |  |  |

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