**BSUG MDT proforma**

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

**Urogynaecology MDT Meeting**

[](https://www.google.co.uk/url?sa=i&url=https://www.rcog.org.uk/en/departmental-catalog/Departments/postgraduate-and-scientific-meetings/2193---annual-scientific-update-in-urogynaecology-2019/&psig=AOvVaw1U_yVJSm4bi3IkKph0EUPN&ust=1573660080759000&source=images&cd=vfe&ved=0CAIQjRxqFwoTCNjxs-eC5eUCFQAAAAAdAAAAABAD)

**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 consultantsColorectal 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):** IncontinencesurgeryMDT 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"](https://www.google.co.uk/url?sa=i&url=https://www.rcog.org.uk/en/departmental-catalog/Departments/postgraduate-and-scientific-meetings/2193---annual-scientific-update-in-urogynaecology-2019/&psig=AOvVaw1U_yVJSm4bi3IkKph0EUPN&ust=1573660080759000&source=images&cd=vfe&ved=0CAIQjRxqFwoTCNjxs-eC5eUCFQAAAAAdAAAAABAD) | 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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