| MAPS No: 1 | | | | | |
|--|--|--|--|--|--|
| Date: | | | | | |
| Urinary Incontinence in Men After Prostate Surgery (MAPS) Assessment at First visit | | | | | |
| Unit No: | | | | | |
| Patient Details | | | | | |
| Name Date of Birth: 1 9 Address | | | | | |
| Address | | | | | |
| | | | | | |
| Telephone No Occupation Hobbies & activities: | | | | | |
| | | | | | |
| Consultant GP | | | | | |
| Surgical History Radical Date: Previous TURP | | | | | |
| Complications of recent prostate surgery. | | | | | |
| | | | | | |
| Other relevant surgical history | | | | | |
| | | | | | |
| Medical history Yes No Yes No | | | | | |
| Cystitis / UTI (Acute) Cystitis / UTI (Chronic) Cough /chest problems Smoker | | | | | |
| Latex allergy Neurological disease (please give details) | | | | | |
| Other medical problems (heart, BP, (details) | | | | | |
| diabetes etc) | | | | | |
| | | | | | |
| | | | | | |
| Medication / drugs | | | | | |
| | | | | | |
| Body Mass Measurements (if blank, please fill in) | | | | | |
| Height Metres OR Feet Inches | | | | | |
| Weight Kilograms OR Stones Pounds | | | | | |

| MAPS No: 1 RADICAL - | - Therapy Documentation | | | | |
|--|---|--|--|--|--|
| Visit No. 1st X 2nd 3rd | 4th Date: | | | | |
| Name of Therapist Continence Nurse | Other Nurse | | | | |
| HISTORY | | | | | |
| Yes Did urine leak BEFORE prostate surgery? | No Comments | | | | |
| If Yes, type of incontinence and amount BEFO Yes No | DRE prostate surgery Small Moderate Large * If other incontinence please give details | | | | |
| Stress incontinence Urgency Urge incontinence | The Hoderate Large | | | | |
| Post micturition dribble Incontinence at other times* | | | | | |
| Urinary incontinence symptoms NOW (in la | | | | | |
| Yes No | If incontinent, amount? Small Moderate Large | | | | |
| Any urinary incontinence | → | | | | |
| Frequency of incontinence (tick one box only) never two or three times a week several times a day about once a week or less often about once a day all the time | | | | | |
| | | | | | |
| Overall, how much does leaking urine interfere values etick a number between 0 (not at all) and 10 | | | | | |
| Not at all 0 1 2 3 4 | 5 6 7 8 9 10 A great deal | | | | |
| Type of incontinence and amount NOW (in last | | | | | |
| Yes No Stress incontinence Yes No → | Small Moderate Large *frother incontinence please give details | | | | |
| Urgency | | | | | |
| Urge incontinence | | | | | |
| Post micturition dribble | | | | | |
| Incontinence at other times* | | | | | |

| MAPS No: 1 RADICAL - Therapy Documentation | _ |
|--|--------|
| | |
| Visit No. 1st χ 2nd 3rd 4th | |
| Other Symptoms Yes No | |
| Sensation when bladder is full? Comments | |
| Sensation when urine is leaking? | |
| Use of external sheath catheter | |
| Use of penile clamp | |
| Pain passing urine (dysuria) | |
| | |
| Urinary frequency by day (enter no. of Comments | |
| urinations) | |
| Nocturia (enter no. of times up at night) | |
| Number of pads used during day | |
| Number of pads used at night | |
| Use of other aids (eg chair pads, bed pads, mattress protectors etc) (please give brief details) | _ |
| pado, matalog protociore etc) (protoc give sino estano) | |
| | |
| | |
| | |
| | |
| Bowel problems NOW (in last week) Yes No | Yes No |
| Faecal incontinence Irritable bowel syndrome | |
| Faecal urgency Ulcerative colitis | |
| Faecal incontinence WITH urgency Crohn's disease | |
| Faecal incontinence WITHOUT urgency Constipation | |
| Comments | |
| | |
| | |
| | |
| | |
| Sexual problems NOW (in last week) | Yes No |
| Difficulty gaining erection nov | |
| Difficulty maintaining erection nov | |
| Premature ejaculation nov | |
| Nocturnal erection nov | |
| Ability to achieve an erection BEFORE prostate surgery | / |
| | |
| | |
| | |

| MAPS No: 1 RADICAL - Therapy Documentation |
|--|
| Visit No. 1st X 2nd 3rd 4th |
| EXAMINATION |
| Informed consent to examination obtained Yes |
| Chaperone Accepted Declined |
| Relationship of chaperone: |
| External examination (in crook lying, i.e. supine, knees bent and separated, feet apart, with paper towel over the pelvis) |
| Yes No |
| Evidence of skin damage (excoriation/ ulcers) (penis, perineum, anal area) |
| Evidence of infection of skin Able to tighten anus |
| Able to perform penile retraction and testicular lift |
| Leakage on coughing |
| Able to prevent leakage on coughing |
| Comments |
| Dermatomes Left Right |
| Normal Abnormal Normal Abnormal S 2 Lateral buttocks and thigh, posterior calf and plantar heel |
| S 3 upper two-thirds of medial thigh |
| S 4 Penis and perineal area |
| Comments |

| MAPS No: 1 RADICAL - Therapy Documentation | | | | | |
|--|--|--|--|--|--|
| Visit No. 1st X 2nd 3rd 4th | | | | | |
| Digital anal examination | | | | | |
| 1. External anal sphincter (insert finger to first joint) | | | | | |
| Strength of contraction of external anal sphincter (tick one only) 0 (no flicker) 3 (moderate movement) 6 (very strong, unable to withdraw finger) 1 (flicker) 4 (good resistance) 2 (weak) 5 (strong resistance) | | | | | |
| Anal sphincter endurance (enter number of seconds) | | | | | |
| Yes No | | | | | |
| Able to contract anal sphincter quickly | | | | | |
| 2. Puborectalis muscle (insert finger to second joint) Strength of contraction of puborectalis muscle (tick one only) 0 (no flicker) 3 (moderate movement) 6 (very strong, unable to withdraw finger) 1 (flicker) 4 (good resistance) Puborectalis muscle endurance (enter number of seconds) Yes No Able to contract puborectalis muscle quickly If digital anal examination is not performed, please give reason: | | | | | |
| Biofeedback Yes No Biofeedback is available in this centre Biofeedback is clinically indicated for this man This man has had biofeedback | | | | | |
| If biofeedback is used: | | | | | |
| Either: Anal pressure biofeedback | | | | | |
| Maximum reading in cm H ₂ O from best of 3 contractions | | | | | |
| Or: EMG with anuform probe | | | | | |
| Maximum reading in μV from best of 3 contractions | | | | | |

| MA | PS No: 1 RADICAL - Therapy Documentation | | | | | |
|---|---|-----|----|--|--|--|
| Summary of Management | | | | | | |
| Dia | gnoses | Yes | No | | | |
| 1 | Stress urinary incontinence | | | | | |
| 2 | Urge urinary incontinence | | | | | |
| 3 | Post micturition dribble | | | | | |
| 4 | Faecal incontinence | | | | | |
| 5 | Erectile dysfunction (unable to gain or maintain erection) | | | | | |
| 6 | Other diagnoses (please give details) | | | | | |
| Trea | atment | Yes | No | | | |
| 1 | Given and explained PFMT leaflet | | | | | |
| 2 | Number of seconds agreed with man to hold contraction (also enter in leaflet) | | | | | |
| 3 | Given (or has got) and explained Lifestyles Advice Leaflet | | | | | |
| 4 | 3 sets of contractions in three positions twice a day | | | | | |
| 5 | Lift (tighten) pelvic floor muscles before exertion (eg coughing, lifting, rising from sitting) | | | | | |
| 6 | Lift (tighten) pelvic floor muscles 50% while walking | | | | | |
| 7 | Lift (tighten) pelvic floor muscles after urinating (to squeeze out last drops) | | | | | |
| 8 | Lift (tighten) pelvic floor muscles during sexual activity | | | | | |
| 9 | Urge suppression techniques (bladder training) | | | | | |
| 10 Other treatment (please give details) | | | | | | |
| Adv | rice | | | | | |
| Plan Make appointment in two weeks | | | | | | |
| Questions for next time Medication/other treatment for urinary incontinence or sexual problems? | | | | | | |
| At the end of the session, ask the man if he has any pain anywhere as a result of the examination. If so, document it and if it is severe or it does not resolve advise him to see his GP. Also remind man to keep his travel receipts. | | | | | | |

| MAPS No: 1 | RADIC | AL – Thera | ару Docu | menta | ation | | |
|---|-------------------------------------|---|--|------------|--------------------|------------------------------|--|
| Visit No. 1st | 2nd X 3r | d 4th | D | ate: | | | |
| Name of Therapist Physiotherapist Continence Nurse Other Nurse | | | | | | | |
| HISTORY | | | | | | | |
| Did urine leak BEFORE pros | state surgery? [| Yes No | Comments | | | | |
| If Yes, type of incontinence | e and amount E | BEFORE pros | | / Large | * If other inco | ntinence please give details | |
| Stress incontinence Urgency Urge incontinence | 165 140 | → — — — — — — — — — — — — — — — — — — — | Woderate | Large | | , | |
| Post micturition dribble Incontinence at other times* | | → | | | | | |
| Urinary incontinence symptoms NOW (in last week) | | | | | | | |
| Urinary incontinence sys | mptoms NOW (| (in last week | | | | | |
| | mptoms NOW (| (in last week | | | ent, amo derate | unt? Large | |
| Urinary incontinence sys | - | (in last week | . If ir | | | | |
| Any urinary incontinence Frequency of incontinence | Yes No (tick one box onlever | /y) two or three tir | If ir Small | | derate | | |
| Any urinary incontinence Frequency of incontinence | Yes No (tick one box onlever | /y) two or three tir about | Small mes a week once a day | | derate | Large | |
| Any urinary incontinence Frequency of incontinence ne about once a week or less of | Yes No (tick one box onleten | /y) two or three tir about | Small mes a week once a day ryday life? | | derate | Large | |
| Any urinary incontinence Frequency of incontinence ne about once a week or less of Overall, how much does lead | Yes No (tick one box onleten | /y) two or three tir about | Small mes a week once a day ryday life? | | derate | Large | |
| Any urinary incontinence Frequency of incontinence ne about once a week or less of Overall, how much does lead Please tick a number betwee | Yes No (tick one box only ver | /y) two or three tir about fere with eve d 10 (a great of 4 5 | If ir Small mes a week once a day ryday life? deal) 6 7 | Mo | sever: | al times a day all the time | |
| Any urinary incontinence Frequency of incontinence ne about once a week or less of Overall, how much does lea Please tick a number betwee Not at all 0 1 | Yes No (tick one box only yer | /y) two or three tir about fere with eve d 10 (a great of | If ir Small mes a week once a day ryday life? deal) 6 7 | Mod | sever: | al times a day all the time | |
| Any urinary incontinence Frequency of incontinence ne about once a week or less of Overall, how much does lead Please tick a number between Not at all 0 1 Type of incontinence and a Stress incontinence Urgency | Yes No (tick one box only ver | two or three tire about fere with every d 10 (a great of 4 5) I last week) | If ir Small mes a week once a day ryday life? deal) 6 7 | Mo | sever: | al times a day all the time | |
| Any urinary incontinence Frequency of incontinence about once a week or less of Overall, how much does lead Please tick a number between Not at all 0 1 Type of incontinence and a | Yes No (tick one box only ver | two or three tire about fere with every d 10 (a great of 4 5) I last week) | If ir Small mes a week once a day ryday life? deal) 6 7 | Mo | sever: | al times a day all the time | |

| MAPS No: 1 RADICAL - Therapy Documentation | | |
|--|-----|----|
| | | |
| Visit No. 1st 2nd X 3rd 4th | | |
| Other Symptoms Yes No | | |
| Sensation when bladder is full? | | |
| Sensation when urine is leaking? | | |
| Use of external sheath catheter | | |
| Use of penile clamp | | |
| Pain passing urine (dysuria) | | |
| | | |
| | | |
| Urinary frequency by day (enter no. of urinations) Comments | | |
| Nocturia (enter no. of times up at night) | | |
| Number of pads used during day | | |
| Number of pads used at night | | |
| | | |
| Use of other aids (eg chair pads, bed pads, mattress protectors etc) (please give brief details) | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Bowel problems NOW (in last week) Yes No | Yes | No |
| Faecal incontinence Irritable bowel syndrome | | |
| Faecal urgency Ulcerative colitis | | |
| Faecal incontinence WITH urgency Crohn's disease | | |
| Faecal incontinence WITHOUT urgency Constipation | | |
| Comments | | |
| | | |
| | | |
| | | |
| Covered was blown NOW (in lost week) | Vaa | Na |
| Sexual problems NOW (in last week) Difficulty gaining erection now | Yes | No |
| Difficulty maintaining erection now | | |
| Premature ejaculation now | | |
| Nocturnal erection | | |
| Ability to achieve an erection BEFORE prostate surgery | | |
| Comments Comments | | |
| | | |
| | | |
| | | |

| MAPS No: 1 RADICAL - Therapy Documentation |
|--|
| Visit No. 1st 2nd X 3rd 4th |
| EXAMINATION |
| Informed consent to examination obtained Yes |
| Chaperone Accepted Declined |
| Relationship of chaperone: |
| External examination (in crook lying, i.e. supine, knees bent and separated, feet apart, with paper towel over the pelvis) |
| Yes No |
| Evidence of skin damage (excoriation/ ulcers) (penis, perineum, anal area) |
| Evidence of infection of skin |
| Able to tighten anus Able to perform penile retraction and testicular lift |
| Leakage on coughing |
| Able to prevent leakage on coughing |
| Comments |
| Downstows - |
| Dermatomes Left Right Normal Abnormal Normal Abnormal |
| S 2 Lateral buttocks and thigh, posterior calf and plantar heel |
| S 3 upper two-thirds of medial thigh |
| S 4 Penis and perineal area |
| Comments |

| MAPS No: 1 RADICAL - Therapy Documentation | | | | | |
|---|--|--|--|--|--|
| Visit No. 1st 2nd X 3rd 4th | | | | | |
| Digital anal examination | | | | | |
| 1. External anal sphincter (insert finger to first joint) | | | | | |
| Strength of contraction of external anal sphincter (tick one only) | | | | | |
| 0 (no flicker) 3 (moderate movement) 6 (very strong, unable to withdraw finger) | | | | | |
| 1 (flicker) 4 (good resistance) | | | | | |
| 2 (weak) 5 (strong resistance) | | | | | |
| Anal sphincter endurance (enter number of seconds) | | | | | |
| Yes No | | | | | |
| Able to contract anal sphincter quickly | | | | | |
| 2. Puborectalis muscle (insert finger to second joint) | | | | | |
| Strength of contraction of puborectalis muscle (tick one only) | | | | | |
| 0 (no flicker) 3 (moderate movement) 6 (very strong, unable to withdraw finger) | | | | | |
| 1 (flicker) 4 (good resistance) | | | | | |
| 2 (weak) 5 (strong resistance) | | | | | |
| Puborectalis muscle endurance (enter number of seconds) | | | | | |
| Yes No | | | | | |
| Able to contract puborectalis muscle quickly | | | | | |
| | | | | | |
| If digital anal examination is not performed, please give reason: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Biofeedback | | | | | |
| Yes No | | | | | |
| Biofeedback is available in this centre | | | | | |
| Biofeedback is clinically indicated for this man | | | | | |
| This man has had biofeedback | | | | | |
| If biofeedback is used: | | | | | |
| Either: Anal pressure biofeedback | | | | | |
| Maximum reading in cm H ₂ O from best of 3 contractions | | | | | |
| Or: EMG with anuform probe | | | | | |
| Maximum reading in μV from best of 3 contractions | | | | | |

| | Summary of Management | | | | |
|------|---|-----|----|--|--|
| Dia | gnoses | Yes | No | | |
| | Stress urinary incontinence | | | | |
| | Urge urinary incontinence | | | | |
| , | Post micturition dribble | | | | |
| | Faecal incontinence | | | | |
| | Erectile dysfunction (unable to gain or maintain erection) | | | | |
| | Other diagnoses (please give details) | | | | |
| | atment | Yes | No | | |
| | Given and explained PFMT leaflet | | | | |
| | Number of seconds agreed with man to hold contraction (also enter in leafle | t) | | | |
| | Given (or has got) and explained Lifestyles Advice Leaflet | | | | |
| | 3 sets of contractions in three positions twice a day | | | | |
| | Lift (tighten) pelvic floor muscles before exertion (eg coughing, lifting, rising from sitting) | | | | |
| | Lift (tighten) pelvic floor muscles 50% while walking | | | | |
| | Lift (tighten) pelvic floor muscles after urinating (to squeeze out last drops) | | | | |
| | Lift (tighten) pelvic floor muscles during sexual activity | | | | |
| 0 | Urge suppression techniques (bladder training) | | | | |
| | Other treatment (please give details) vice | | | | |
| | | | | | |
| Plai | n Make appointment in four weeks | | | | |
| | estions for next time dication/other treatment for urinary incontinence or sexual problems? | | | | |

| MAPS No: 1 RADICAL - | - Therapy Documentation | | | | |
|--|--|--|--|--|--|
| Visit No. 1st 2nd 3rd X | 4th Date: | | | | |
| Name of Therapist Continence Nurse | Other Nurse | | | | |
| HISTORY | No Comments | | | | |
| Pid urine leak BEFORE prostate surgery? | No Comments | | | | |
| If Yes, type of incontinence and amount BEFOR | RE prostate surgery Small Moderate Large * If other incontinence please give details | | | | |
| Stress incontinence | | | | | |
| Urgency | | | | | |
| Urge incontinence | | | | | |
| Post micturition dribble Incontinence at other times* | | | | | |
| incontinence at other times | | | | | |
| Urinary incontinence symptoms NOW (in las | st week) If incontinent, amount? Small Moderate Large | | | | |
| Any urinary incontinence | → | | | | |
| Frequency of incontinence (tick one box only) never two or three times a week several times a day about once a week or less often about once a day all the time | | | | | |
| Overall, how much does leaking urine interfere w | with avanuday life? | | | | |
| Please tick a number between 0 (not at all) and 10 (a | | | | | |
| Not at all 0 1 2 3 4 | 5 6 7 8 9 10 A great deal | | | | |
| Type of incontinence and amount NOW (in last yes No | week) Small Moderate Large * If other incontinence please give details | | | | |
| Stress incontinence | Ontail Moderate Earge | | | | |
| Urgency | | | | | |
| Urge incontinence | | | | | |
| Post micturition dribble | | | | | |
| Incontinence at other times* | | | | | |

| MAPS No: 1 RADICAL - Therapy Documentation | | _ |
|--|------|------|
| | | |
| Visit No. 1st 2nd 3rd X 4th | | |
| Other Symptoms Yes No | | |
| Sensation when bladder is full? | | |
| Sensation when urine is leaking? | | |
| Use of external sheath catheter | | |
| Use of penile clamp | | |
| Pain passing urine (dysuria) | | |
| | | |
| Urinary frequency by day (enter no. of Comments | | |
| urinations) | | |
| Nocturia (enter no. of times up at night) | | |
| Number of pads used during day Number of pads used at night | | |
| Number of paus used at hight | | |
| Use of other aids (eg chair pads, bed pads, mattress protectors etc) (please give details) | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Bowel problems NOW (in last week) Yes No | Yes | No |
| Faecal incontinence Irritable bowel syndrome | . 00 | 1.10 |
| Faecal urgency Ulcerative colitis | | |
| Faecal incontinence WITH urgency Crohn's disease | | |
| Faecal incontinence WITHOUT urgency Constipation | | |
| Comments | | |
| | | |
| | | |
| | | |
| | | |
| Sexual problems NOW (in last week) | Yes | No |
| Difficulty gaining erection now Difficulty maintaining erection now | | |
| Premature ejaculation now | | |
| Nocturnal erection now | | |
| Ability to achieve an erection BEFORE prostate surgery | | |
| Comments | | |
| | | |
| | | |
| | | |

| MAPS No: RADICAL - Therapy Documentation |
|--|
| Visit No. 1st 2nd 3rd X 4th |
| EXAMINATION |
| Informed consent to examination obtained Yes |
| Chaperone Accepted Declined |
| Relationship of chaperone: |
| External examination (in crook lying, i.e. supine, knees bent and separated, feet apart, with paper towel over the pelvis) |
| Yes No |
| Evidence of skin damage (excoriation/ ulcers) (penis, perineum, anal area) |
| Evidence of infection of skin Able to tighten anus |
| Able to perform penile retraction and testicular lift |
| Leakage on coughing |
| Able to prevent leakage on coughing |
| Comments |
| Dermatomes Left Right |
| Dermatomes Left Right Normal Abnormal Normal Abnormal |
| S 2 Lateral buttocks and thigh, posterior calf and plantar heel |
| S 3 upper two-thirds of medial thigh |
| S 4 Penis and perineal area |
| Comments |
| |
| |
| |

| MAPS No: 1 RADICAL – Therapy Documentation |
|---|
| Visit No. 1st 2nd 3rd X 4th |
| Digital anal examination |
| 1. External anal sphincter (insert finger to first joint) |
| Strength of contraction of external anal sphincter (tick one only) 0 (no flicker) 3 (moderate movement) 6 (very strong, unable to withdraw finger) 1 (flicker) 4 (good resistance) 2 (weak) 5 (strong resistance) |
| Anal sphincter endurance (enter number of seconds) |
| Yes No |
| Able to contract anal sphincter quickly |
| 2 Pub arcetalia musale (incent finante according) |
| 2. Puborectalis muscle (insert finger to second joint) Strength of contraction of puborectalis muscle (tick one only) 0 (no flicker) 3 (moderate movement) 6 (very strong, unable to withdraw finger) 1 (flicker) 4 (good resistance) 2 (weak) 5 (strong resistance) Puborectalis muscle endurance (enter number of seconds) Yes No Able to contract puborectalis muscle quickly |
| |
| Biofeedback Yes No Biofeedback is available in this centre Biofeedback is clinically indicated for this man This man has had biofeedback |
| If biofeedback is used: |
| Either: Anal pressure biofeedback |
| Maximum reading in cm H ₂ O from best of 3 contractions |
| Or: EMG with anuform probe |
| Maximum reading in μV from best of 3 contractions |

| MA | PS No: 1 RADICAL - Therapy Documentation | | | | |
|---|---|----------|----------|--|--|
| Summary of Management | | | | | |
| D :- | | V | . | | |
| Diag | gnoses Street uningry incentingnes | Yes | No | | |
| 2 | Stress urinary incontinence | | | | |
| 3 | Urge urinary incontinence Post micturition dribble | | | | |
| 4 | Faecal incontinence | | | | |
| 5 | Erectile dysfunction (unable to gain or maintain erection) | | | | |
| 6 | Other diagnoses (please give details) | | | | |
| O | CHICI GIUGITOGGG (piease give details) | | | | |
| Trea | atment | Yes | No | | |
| 1 | Given and explained PFMT leaflet | | | | |
| 2 | Number of seconds agreed with man to hold contraction (also enter in leaflet) | | | | |
| 3 | Given (or has got) and explained Lifestyles Advice Leaflet | | | | |
| 4 | 3 sets of contractions in three positions twice a day | | | | |
| 5 | Lift (tighten) pelvic floor muscles before exertion (eg coughing, lifting, rising from sitting) | | | | |
| 6 | Lift (tighten) pelvic floor muscles 50% while walking | | | | |
| 7 | Lift (tighten) pelvic floor muscles after urinating (to squeeze out last drops) | | | | |
| 8 | Lift (tighten) pelvic floor muscles during sexual activity | | | | |
| 9 | Urge suppression techniques (bladder training) | | | | |
| 10 | Other treatment (please give details) | | | | |
| | | | | | |
| Adv | ice | | | | |
| Plan Make appointment in six weeks | | | | | |
| | | | | | |
| | estions for next time lication/other treatment for urinary incontinence or sexual problems? | | | | |
| - • | , | | | | |
| At the end of the session, ask the man if he has any pain anywhere as a result of the examination. If so, document it and if it is severe or it does not resolve advise him to see his GP. Also remind man to keep his travel receipts. | | | | | |

| MAPS No: 1 RADICAL - | Therapy Documentation |
|---|---|
| Visit No. 1st 2nd 3rd | 4th X Date: |
| <u> </u> | |
| Name of Therapist | |
| Physiotherapist Continence Nurse | Other Nurse |
| HIOTORY | |
| HISTORY Yes | No Comments |
| Did urine leak BEFORE prostate surgery? | |
| If Yes, type of incontinence and amount BEFORI | |
| Yes No S Stress incontinence Yes No S | mall Moderate Large * If other incontinence please give details |
| Urgency | |
| Urge incontinence | |
| Post micturition dribble | |
| Incontinence at other times* | |
| Urinary incontinence symptoms NOW (in last | week) If incontinent, amount? |
| Yes No | Small Moderate Large |
| Any urinary incontinence | → |
| Frequency of incontinence (tick one box only) | |
| | nree times a week several times a day |
| about once a week or less often | about once a day all the time |
| Overall, how much does leaking urine interfere with | th everyday life? |
| Please tick a number between 0 (not at all) and 10 (a | great deal) |
| | |
| Not at all 0 1 2 3 4 | 5 6 7 8 9 10 A great deal |
| Type of incontinence and amount NOW (in last w | |
| Yes No S Stress incontinence | mall Moderate Large * If other incontinence please give details |
| Urgency | |
| Urge incontinence | |
| Post micturition dribble | |
| | |

| MAPS No: 1 RADICAL - 1 | Therapy Documentation |
|--|--|
| | |
| Visit No. 1st 2nd 3rd | 4th X |
| Other Symptoms Yes No | |
| Sensation when bladder is full? | Comments |
| Sensation when urine is leaking? | |
| Use of external sheath catheter | |
| Use of penile clamp | |
| Pain passing urine (dysuria) | |
| | |
| | |
| Urinary frequency by day (enter no. of urinations) | Comments |
| Nocturia (enter no. of times up at night) | |
| Number of pads used during day | |
| Number of pads used at night | |
| Use of other aids (eg chair pads, bed pads, mattress | nrotactors atc.) (closes give brief details) |
| | protectors attaly (piecese give birel details) |
| | |
| | |
| | |
| L | |
| Bowel problems NOW (in last week) Yes | No Yes No |
| Faecal incontinence | Irritable bowel syndrome |
| Faecal urgency | Ulcerative colitis |
| Faecal incontinence WITH urgency | Crohn's disease |
| Faecal incontinence WITHOUT urgency | Constipation |
| Comments | |
| | |
| | |
| | |
| Sexual problems NOW (in last week) | Yes No |
| dexual problems NOW (iii last week) | Difficulty gaining erection now |
| | Difficulty maintaining erection now |
| | Premature ejaculation now |
| | Nocturnal erection now |
| Ability to gain and maintain | an erection BEFORE prostate surgery |
| Comments | |
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| | |

| MAPS No: 1 RADICAL - Therapy Documentation |
|--|
| Visit No. 1st 2nd 3rd 4th X |
| EXAMINATION |
| Informed consent to examination obtained Yes |
| Chaperone Accepted Declined |
| Relationship of chaperone: |
| External examination (in crook lying, i.e. supine, knees bent and separated, feet apart, with paper towel over the pelvis) |
| Yes No |
| Evidence of skin damage (excoriation/ ulcers) (penis, perineum, anal area) |
| Evidence of infection of skin Able to tighten anus |
| Able to perform penile retraction and testicular lift |
| Leakage on coughing |
| Able to prevent leakage on coughing |
| Comments |
| |
| Dermatomes Left Right Normal Abnormal Normal Abnormal |
| S 2 Lateral buttocks and thigh, posterior calf and plantar heel |
| S 3 upper two-thirds of medial thigh |
| S 4 Penis and perineal area |
| Comments |

| MAPS No: RADICAL - Therapy Documentation | | | | |
|--|--|--|--|--|
| Water No. 4.1 Out | | | | |
| Visit No. 1st 2nd 3rd 4th X | | | | |
| Digital anal examination | | | | |
| 1. External anal sphincter (insert finger to first joint) | | | | |
| Strength of contraction of external anal sphincter (tick one only) | | | | |
| 0 (no flicker) 3 (moderate movement) 6 (very strong, unable to withdraw finger) | | | | |
| 1 (flicker) 4 (good resistance) | | | | |
| 2 (weak) 5 (strong resistance) | | | | |
| Anal sphincter endurance (enter number of seconds) | | | | |
| Yes No | | | | |
| Able to contract anal sphincter quickly | | | | |
| 2. Puborectalis muscle (insert finger to second joint) | | | | |
| Strength of contraction of puborectalis muscle (tick one only) | | | | |
| 0 (no flicker) 3 (moderate movement) 6 (very strong, unable to withdraw finger) | | | | |
| 1 (flicker) 4 (good resistance) | | | | |
| 2 (weak) 5 (strong resistance) | | | | |
| Puborectalis muscle endurance (enter number of seconds) | | | | |
| Yes No | | | | |
| Able to contract puborectalis muscle quickly | | | | |
| | | | | |
| If digital anal examination is not performed, please give reason: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Biofeedback | | | | |
| Yes No | | | | |
| Biofeedback is available in this centre Biofeedback is clinically indicated for this man | | | | |
| This man has had biofeedback | | | | |
| | | | | |
| If biofeedback is used: | | | | |
| Either: Anal pressure biofeedback | | | | |
| Maximum reading in cm H ₂ O from best of 3 contractions | | | | |
| Or: EMG with anuform probe | | | | |
| Maximum reading in μV from best of 3 contractions | | | | |

| MAPS No: 1 RADICAL - Therapy Documentation | | | | |
|--|---|----------|----|--|
| Summary of Management | | | | |
| D:- | | Vaa | Ma | |
| ום 1 | Strong urinary incontinence | Yes | No | |
| 2 | Stress urinary incontinence Urge urinary incontinence | | | |
| 3 | Post micturition dribble | | | |
| <u>3</u> 4 | Faecal incontinence | | | |
| - 5 | Erectile dysfunction (unable to gain or maintain erection) | | | |
| 5 6 | Other diagnoses (please give details) | | | |
| | Out of diagnoses (prease give details) | | | |
| | atment | Yes | No | |
| 1 | Given and explained PFMT leaflet | | | |
| 2 | Number of seconds agreed with man to hold contraction (also enter in leaflet) | | | |
| 3 | Given (or has got) and explained Lifestyles Advice Leaflet | | | |
| 4 | 3 sets of contractions in three positions twice a day | | | |
| 5 | Lift (tighten) pelvic floor muscles before exertion (eg coughing, lifting, rising from sitting) | | | |
| 6 | Lift (tighten) pelvic floor muscles 50% while walking | | | |
| 7 | Lift (tighten) pelvic floor muscles after urinating (to squeeze out last drops) | | | |
| 8 | Lift (tighten) pelvic floor muscles during sexual activity | | | |
| 9 | Urge suppression techniques (bladder training) | | | |
| 10 | Other treatment (please give details) | | | |
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| so, | he end of the session, ask the man if he has any pain anywhere as a result of the examin document it and if it is severe or it does not resolve advise him to see his GP. Also remire phis travel receipts. | | | |
| As t | this is your patient's last visit, please advise him as follows: | | | |
| | Thank him for his help with the MAPS Study If he needs further treatment please contact the MAPS Study Office Encourage him to keep doing the exercises for the rest of his life – regularly an | d foreve | er | |