MAPS No: | | | 1 | | | | **RADICAL – Therapy Documentation**

Date: | | | | | | | | |

Urinary Incontinence in Men After Prostate Surgery (MAPS)
Assessment at First visit

Unit No: | | | | | | | | | | |

Patient Details

Name | | Date of Birth: | | | | | 1 | 9 | | |

Address

Telephone No | | Occupation | |

Hobbies & activities:

Consultant | | GP | |

Surgical History

Radical Date: | | | | | | | | |

Yes No

Previous TURP | | |

Complications of recent prostate surgery.

Other relevant surgical history

Medical history

	Yes	No
Cystitis / UTI (**Acute**)		
Cystitis / UTI (**Chronic**)		
Latex allergy		

	Yes	No
Cough /chest problems		
Smoker		
Neurological disease (please give details)		

Other medical problems (heart, BP, diabetes etc)	*(details)*
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

Physiotherapist [ ] Continence Nurse [ ] Other Nurse [ ]

HISTORY

Did urine leak **BEFORE** prostate surgery? Yes [ ] No [ ]

Comments

If Yes, type of incontinence and amount BEFORE prostate surgery

	Yes	No	Small	Moderate	Large	* If other incontinence please give details
Stress incontinence						
Urgency						
Urge incontinence						
Post micturition dribble						
Incontinence at other times*						

Urinary incontinence symptoms NOW (in last week)

	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 with 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 week)

	Yes	No	Small	Moderate	Large	* If other incontinence please give details
Stress incontinence						
Urgency						
Urge incontinence						
Post micturition dribble						
Incontinence at other times*						

MAPS No: | | | 1 | | | | **RADICAL – Therapy Documentation**

Visit No. 1st [X] 2nd [ ] 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)		

Comments

Urinary frequency by day *(enter no. of urinations)*	
Nocturia *(enter no. of times up at night)*	
Number of pads used during day	
Number of pads used at night	

Comments

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

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: | | | 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) [ ]

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_2O 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

Diagnoses		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)		

Treatment		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)		

Advice

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.

Signed: _____

MAPS No: | | | 1 | | | | **RADICAL – Therapy Documentation**

Visit No. 1st [ ] 2nd [X] 3rd [ ] 4th [ ] Date: [ ][ ][ ][ ][ ][ ][ ][ ]

Name of Therapist [ ]

Physiotherapist [ ] Continence Nurse [ ] Other Nurse [ ]

HISTORY

Did urine leak **BEFORE** prostate surgery? Yes [ ] No [ ]

Comments

If Yes, type of incontinence and amount BEFORE prostate surgery

	Yes	No	Small	Moderate	Large	* If other incontinence please give details
Stress incontinence	[ ]	[ ]	[ ]	[ ]	[ ]	
Urgency	[ ]	[ ]	[ ]	[ ]	[ ]	
Urge incontinence	[ ]	[ ]	[ ]	[ ]	[ ]	
Post micturition dribble	[ ]	[ ]	[ ]	[ ]	[ ]	
Incontinence at other times*	[ ]	[ ]	[ ]	[ ]	[ ]	

Urinary incontinence symptoms NOW (in last week)

	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 with 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 week)

	Yes	No	Small	Moderate	Large	* If other incontinence please give details
Stress incontinence	[ ]	[ ]	[ ]	[ ]	[ ]	
Urgency	[ ]	[ ]	[ ]	[ ]	[ ]	
Urge incontinence	[ ]	[ ]	[ ]	[ ]	[ ]	
Post micturition dribble	[ ]	[ ]	[ ]	[ ]	[ ]	
Incontinence at other times*	[ ]	[ ]	[ ]	[ ]	[ ]	

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)		

Comments

Urinary frequency by day *(enter no. of urinations)*	
Nocturia *(enter no. of times up at night)*	
Number of pads used during day	
Number of pads used at night	

Comments

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

Sexual problems NOW (in last week)	Yes	No
Difficulty gaining erection now		
Difficulty maintaining erection now		
Premature ejaculation now		
Nocturnal erection		
Ability to achieve an erection BEFORE prostate surgery		

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

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_2O 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

Diagnoses		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)		

Treatment		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)		

Advice

Plan Make appointment in four 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.

Signed: _____

MAPS No: | | | 1 | | | | **RADICAL – Therapy Documentation**

Visit No. 1st [ ] 2nd [ ] 3rd [X] 4th [ ] Date: [ ][ ][ ][ ][ ][ ][ ][ ]

Name of Therapist [ ]

Physiotherapist [ ] Continence Nurse [ ] Other Nurse [ ]

HISTORY

Did urine leak **BEFORE** prostate surgery? Yes [ ] No [ ]

Comments

If Yes, type of incontinence and amount BEFORE prostate surgery

	Yes	No	Small	Moderate	Large	* If other incontinence please give details
Stress incontinence	[ ]	[ ] →				
Urgency	[ ]	[ ] →				
Urge incontinence	[ ]	[ ] →				
Post micturition dribble	[ ]	[ ] →				
Incontinence at other times*	[ ]	[ ] →				

Urinary incontinence symptoms NOW (in last week)

	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 with 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 week)

	Yes	No	Small	Moderate	Large	* If other incontinence please give details
Stress incontinence	[ ]	[ ] →				
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)		

Comments

Urinary frequency by day *(enter no. of urinations)*	
Nocturia *(enter no. of times up at night)*	
Number of pads used during day	
Number of pads used at night	

Comments

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		
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: | | | 1 | | | | **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**	
	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. 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_2O 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

Diagnoses		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)		

Treatment		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)		

Advice

Plan Make appointment in six 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.

Signed: _____

MAPS No: | | | 1 | | | | **RADICAL – Therapy Documentation**

Visit No. 1st [ ] 2nd [ ] 3rd [ ] 4th [X] Date: [ ][ ][ ][ ][ ][ ][ ][ ]

Name of Therapist [ ]

Physiotherapist [ ] Continence Nurse [ ] Other Nurse [ ]

HISTORY

Did urine leak **BEFORE** prostate surgery? Yes [ ] No [ ]

Comments

If Yes, type of incontinence and amount BEFORE prostate surgery

	Yes	No	Small	Moderate	Large	* If other incontinence please give details
Stress incontinence	[ ]	[ ]	[ ]	[ ]	[ ]	
Urgency	[ ]	[ ]	[ ]	[ ]	[ ]	
Urge incontinence	[ ]	[ ]	[ ]	[ ]	[ ]	
Post micturition dribble	[ ]	[ ]	[ ]	[ ]	[ ]	
Incontinence at other times*	[ ]	[ ]	[ ]	[ ]	[ ]	

Urinary incontinence symptoms NOW (in last week)

	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 with 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 week)

	Yes	No	Small	Moderate	Large	* If other incontinence please give details
Stress incontinence	[ ]	[ ]	[ ]	[ ]	[ ]	
Urgency	[ ]	[ ]	[ ]	[ ]	[ ]	
Urge incontinence	[ ]	[ ]	[ ]	[ ]	[ ]	
Post micturition dribble	[ ]	[ ]	[ ]	[ ]	[ ]	
Incontinence at other times*	[ ]	[ ]	[ ]	[ ]	[ ]	

MAPS No: | | | 1 | | | | **RADICAL – Therapy Documentation**

Visit No. 1st [ ] 2nd [ ] 3rd [ ] 4th [X]

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)		

Comments

Urinary frequency by day *(enter no. of urinations)*	
Nocturia *(enter no. of times up at night)*	
Number of pads used during day	
Number of pads used at night	

Comments

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

Sexual problems NOW (in last week)	Yes	No
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

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: | | | 1 | | | | **RADICAL – Therapy Documentation**

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_2O 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

Diagnoses		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)		

Treatment		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)		

Advice

Plan

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.

As 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 and forever**

Signed: _____