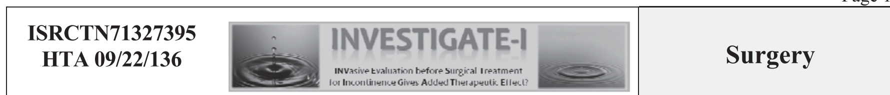
ISRCTN71327395 HTA 09/22/136		**Surgery**

Area No	Site No	Participant I.D.	Participant initials

Complete this section either for women randomised to 'no further investigation' (having surgery as next treatment) or to 'invasive testing' (having surgery after other non-surgical treatments)

OPERATIVE DETAILS

Date of admission	Day Month Year
Date of surgery	Day Month Year
Name of surgeon	
Grade of surgeon	☐ Cons ☐ ST6-7 ☐ ST3-5 ☐ ST1-2 ☐ Other

OPERATION UNDERTAKEN

Retropubic tape	☐ Yes ☐ No If yes, specify:
Transobturator tape	☐ Yes ☐ No If yes, specify:
Single incision tape	☐ Yes ☐ No If yes, specify:
Colposuspension	☐ Yes ☐ No
Fascia sling	☐ Yes ☐ No If yes, specify:

Completed by:

Name:	Signature:	Surgery Version 1.0, 28-04-11
Date	Day Month Year	

Area No	Site No	Participant I.D.	Participant initials

OPERATION UNDERTAKEN

Periurethral injection	☐ Yes ☐ No If yes, specify:
Other	☐ Yes ☐ No If yes, specify:

ANAESTHETIC

Anaesthetic used	☐ general ☐ spinal ☐ epidural ☐ local + sedation ☐ local alone

Grade of anaesthetist	☐ Cons ☐ ST6-7 ☐ ST3-5 ☐ ST1-2 ☐ Other
Antibiotic prophylaxis	☐ Yes ☐ No If yes, specify drug, dose, duration:

DURATION OF PROCEDURE

Time into theatre suite/holding bay	HH	MM
Time into anaesthetic room (or start of anaesthetic if anaesthetised in theatre)	HH	MM
Time into theatre (or start of surgery if anaesthetised in theatre)	HH	MM
Time out of theatre	HH	MM
Time out of recovery area	HH	MM

GRADE OF OTHER STAFF PRESENT

Anaesthetic nurse	☐ Yes ☐ No Specify grade/s:

Completed by:

Name:	Signature:	Surgery Version 1.0, 28-04-11
Date	Day / Month / Year	

Area No	Site No	Participant.I D	Participant initials

GRADE OF OTHER STAFF PRESENT

Anaesthetic trainee	☐ Yes ☐ No Specify grade/s:
Surgical assistant	☐ Yes ☐ No Specify grade/s:
Other surgeon	☐ Yes ☐ No Specify grade/s:
Scrub nurse	☐ Yes ☐ No Specify grade/s:
Other nursing staff	☐ Yes ☐ No Specify grade/s:
Operating department assistant	☐ Yes ☐ No Specify grade/s:
Other	☐ Yes ☐ No Specify grade/s:
Total number of staff in theatre	

BLOOD LOSS

Measured blood loss	ml

OPERATIVE COMPLICATIONS

Intra-operative blood transfusion (units)	units
Bladder perforation	☐ Yes ☐ No
Other	☐ Yes ☐ No
Specify:	

Completed by:

Name:	Signature:	Surgery Version 1.0, 28-04-11
Date	Day / Month / Year	

Area No	Site No	Participant I.D.	Participant initials

ANAESTHETIC COMPLICATIONS

Were there any anaesthetic complications	☐ Yes ☐ No Specify:

POSTOPERATIVE DETAILS

Immediate catheterisation	☐ Yes ☐ No Specify: ☐ Intermittent ☐ Indwelling urethral ☐ Indwelling suprapubic
Catheter inserted at any time postop because of difficulty voiding	☐ Yes ☐ No Specify: ☐ Intermittent ☐ Indwelling urethral ☐ Indwelling suprapubic
Wound drain	☐ Yes ☐ No
Preop haemoglobin	☐☐ / ☐ g/dl
Postop haemoglobin	☐☐ / ☐ g/dl
Postop transfusion	☐☐ units
Analgesia Type of analgesia in first 24 hours:	
none	☐ Yes ☐ No
epidural	☐ Yes ☐ No
opiate	☐ Yes ☐ No
IV paracetamol	☐ Yes ☐ No
Oral paracetamol or NSAID	☐ Yes ☐ No
24 hour opiate dose	☐☐☐ mg

Completed by:

Name:	Signature:	Surgery Version 1.0, 28-04-11
Date	Day / Month / Year	

Area No	Site No	Participant I.D.	Participant initials

POSTOPERATIVE COMPLICATIONS

Urinary tract infection (symptoms and/or +ve dipstick and/or +ve culture requiring antibiotic treatment)	☐ Yes ☐ No
Pyrexia (>37.5^{o} for > 24 hours)	☐ Yes ☐ No
Wound haematoma (requiring treatment or prolonged stay)	☐ Yes ☐ No Specify management:
Wound infection	☐ Yes ☐ No Specify management:
Were any additional medications used?	☐ Yes ☐ No Record on medications list
Return to theatre?	☐ Yes ☐ No Specify indication and procedure:
Admission to ITU?	☐ Yes ☐ No Specify indication and duration:
Admission to HDU?	☐ Yes ☐ No Specify indication and duration:

Date of discharge	Day / Month / Year

Completed by:

		Surgery
Name:	Signature:	Version 1.0, 28-04-11
Date	Day / Month / Year	