Prospective Risk Factor Analysis for the Development of Post-Operative Urinary Retention Following Ambulatory General Surgery

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Supplementary Material

Data Collection Proforma

Patient Questionnaire

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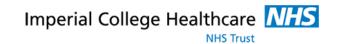
		NHS Trust				
Data Collection Proforma V1	P	Patient ID				
Demographic Data						
Sticker / Pt Details	Procedure	Op Date				
Name						
DOB	Planned Overnight Stay?					
MRN	Yes □ No □					
Pre-Operative Data						
Co-morbidities (please state diagnosis)	Pre-operative medications	J				
□ None	□ None					
Diabetes: Type 1 □ or Type 2 □	α-blocker	5α-reductase inhibitor				
	☐ Tamsulosin☐ Doxazosin	☐ Finasteride ☐ Dutasteride				
Prostate: BPH □ or Ca □	☐ Prazosin	☐ Dutasteride				
☐ Previous pelvic surgery / radiotherapy:	Anti-cholinergic	Pro-cholinergic				
LI TOVIOUS POIVIO Surgery / Tas.sure.spy.	□ Oxybutynin	☐ Donepazil				
	☐ Tolterodine	☐ Rivastigmine				
☐ Other significant: e.g. neurological	☐ Solifenacin☐ Fesoteradine	☐ Galantamine				
U Other Significant. e.g. neurological	LI FESULEI adilie					
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	Other Significant:	<u></u>				
Patient Questionnaire: ☐ Not Done						
☐ Previous bladder catheterisation	Total IPSS Voiding So Qs. A, C, E al	core Storage Score and F Qs. B, D and G				
☐ Other condition affecting urination:	Score	(43. <i>D</i> , <i>D</i> 41.4 5				
-		í II I				
Peri-Operative Data						
	Peri-operative medications: µ	pre-med, intra-op and recovery				
` '	<u> </u>	Sympathomimetic				
Intra aparative eatheterisation?	_					
Voc D No D	, , ,	☐ Metaraminol				
	·	☐ Ephedrine ☐ Phenylephrine				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Opiates (dose)					
☐ General	, ,					
☐ Spinal ☐ Epidural	☐ Morphine	☐ Remifentanyl (IVI)				
□ Local Block	□ Fentanyl	☐ Tramadol				
	□ Alfentanyl	□ Codeine				
Outcome						
Post-operative urinary retention? No D Yes D Residual (ml) Pt. required catheterisation due to inability to micturate within 24hrs of procedure.						
Did POUR result in an unplanned evernigh						

If not in POUR, did patient stay overnight because of delay in passing urine? No \Box Yes \Box

Any other comments

Date of discharge

Patient Questionnaire – Version 2, 04/03/2014



1. Have you ever had a bladder catheter because of difficulty passing urine? Yes – □ No – □	Researcher Use Only
 2. Do you regularly suffer from constipation? Yes – □ No – □ – e.g. passing stool less than 3 times per week – e.g. straining or passing hard stool more than a quarter of the time 	Total Score:
3. If you have a condition which affects your ability to urinate or control urination, please note it below.	

4. Urinary Function: please circle the best answer for each of the 7 questions below

	Not at all	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Almost always
A Incomplete Emptying Over the past month, how often have you had the sensation of not emptying your bladder completely after you have finished urinating?	0	1	2	3	4	5
B Frequency Over the past month, how often have you had to urinate again less than two hours after you last finished urinating?	0	1	2	3	4	5
C Intermittency Over the past month, how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5
D Urgency Over the past month, how often have you found it difficult to postpone urination?	0	1	2	3	4	5
E Weak Stream Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5
F Straining Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5

	None	Once	Twice	3 times	4 times	5 or more times
G Nocturia Over the past month, how many times did you usually get up each night to urinate from the time you went to bed until the time you got up in the morning?	0	1	2	3	4	5