Uterine Fibroid Baseline Study
Abstraction of Surgical Medical Records - Random Sample

STUDY ID: **U F S** _____ _____ _____ _____   TRACKING #: __ __

FORM: | 2 | 4 | VER: | 0 | 1 | DATE OF BIRTH: |__|__|__| / |__|__|__| / |__|__|__|__|
MONTH   *DAY*   *YEAR*

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1. **Records Available:** *(Check all that apply.)*

   ₁ ☐ OPERATIVE   ₁ ☐ PATHOLOGY   ₁ ☐ OTHER, SPECIFY: _____ |__|__|

2. **Date of Procedure:** |__|__|__| / |__|__|__| / |__|__|__|__| (1 FORM PER DATE)
   (month)   *(day)*   *(year)*

3. **Preoperative Clinical Diagnosis from Operative Report:** *(Check all that apply.)*

   ₁ ☐ FIBROIDS   ₁ ☐ MENORRHAGIA   ₁ ☐ MENOMETRORRHAGIA

   ₁ ☐ DYSMENORRHEA   ₁ ☐ PELVIC PAIN   ₁ ☐ INFERTILITY

   ₁ ☐ UTERINE PROLAPSE   ₁ ☐ URINARY FREQUENCY/   ₁ ☐ ADHESIONS
                                INCONTINENCE

   ₁ ☐ ANEMIA   ₁ ☐ OTHER, SPECIFY: 1.——————————————— |__|__|__|

   ₁ ☐ ENDOMETRIOSIS   2.——————————————— |__|__|__|

   ₁ ☐ ADENOMYOSIS   3.——————————————— |__|__|__|

   ₁ ☐ NONE   4.——————————————— |__|__|__|

4. Findings (from operative report):

4a. Adenomyosis?..................................... 1 ☐ YES 2 ☐ NO 3 ☐ NOT MENTIONED

4b. Fibroids?... 1 ☐ YES 2 ☐ NO 3 ☐ NOT MENTIONED

4c. Adhesions?.. 1 ☐ YES 2 ☐ NO 3 ☐ NOT MENTIONED

4d. Ovarian cyst?.................................... 1 ☐ YES 2 ☐ NO 3 ☐ NOT MENTIONED

4e. Other .... 1 ☐ YES 2 ☐ NO 3 ☐ NOT MENTIONED

Specify:

1. _____ ☐ ☐ ☐

2. _____ ☐ ☐ ☐

3. _____ ☐ ☐ ☐

5. Uterine and Other Fibroid Related Procedures:

01 ☐ TOTAL ABDOMINAL HYSTERECTOMY   04 ☐ PARTIAL VAGINAL HYSTERECTOMY   07 ☐ OTHER, FIBROID RELATED

SPECIFY: _____ ☐ ☐

02 ☐ TOTAL VAGINAL HYSTERECTOMY   05 ☐ MYOMECTOMY

03 ☐ PARTIAL ABDOMINAL HYSTERECTOMY   06 ☐ UTERINE RESECTION

6. Were tubes or ovaries removed?

1 ☐ YES   2 ☐ NO [SKIP TO 7]

6a. What was performed? *(Check all that apply.)*

1 ☐ BILATERAL SALPINGOOPHORECTOMY   1 ☐ RIGHT CYST REMOVAL   1 ☐ RIGHT OOPHORECTOMY

1 ☐ RIGHT SALPINGECTOMY   1 ☐ LEFT CYST REMOVAL   1 ☐ LEFT OOPHORECTOMY

1 ☐ LEFT SALPINGECTOMY   1 ☐ OTHER SURGERY

7. Operative Sizing of Uterus: ☐☐ WEEKS

8. GnRH Analog Treatment Mentioned?   1 ☐ MENTIONED   2 ☐ NOT MENTIONED

9. Was uterus removed or measured?

1 ☐ YES   2 ☐ NO [SKIP TO 10]

9a.   Uterine Size 1:   Length ☐☐.☐ X Width ☐☐.☐ X AP ☐☐.☐ cm

Uterine Size 2:   Length ☐☐.☐☐

Total: Length ☐☐.☐☐

(Check all organs being weighed.)

9b.   Total Weight 1:

☐☐☐.☐☐ gms ⟶ 1 ☐ UTERUS   1 ☐ CERVIX   1 ☐ OVARIES

1 ☐ TUBES   1 ☐ OTHER, SPECIFY:

_____ ☐☐

Surgical Findings:

10. Focal Fibroids?   1 ☐ YES   2 ☐ NO [SKIP TO 12]   8 ☐ DK [SKIP TO 12]

10a.   Number noted by surgeon:

☐☐ ⟶ Length of largest: ☐☐.☐ cm

10b.   Sizes noted by surgeon: *(Check all that apply.)*

1 ☐ SMALL   1 ☐ LARGE

1 ☐ MEDIUM   1 ☐ NOT MENTIONED

10c.   Locations noted by surgeon: *(Check all that apply.)*

1 ☐ SUBMUCOSAL   1 ☐ SUBSEROSAL   1 ☐ NOT MENTIONED

1 ☐ INTRAMURAL   1 ☐ PEDUNCULATED

(NOTE: Question No. 11 was deleted)

Pathology Findings *(continued)***:**

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12. **Endometrial Staging:**

   ₁☐ PROLIFERATIVE ➔ ₁☐ early ₂☐ mid ₃☐ late ₄☐ not mentioned ₅☐ other, specify: _____ ☐☐

   ₂☐ SECRETORY ➔ ₁☐ early ₂☐ mid ₃☐ late ₄☐ not mentioned ₅☐ other, specify: _____ ☐☐

   ₃☐ ATROPHIC

   ₄☐ OTHER, SPECIFY: _____ ☐☐

   _____ ☐☐

   _____ ☐☐

   ₅☐ NOT MENTIONED

13. **Pathology Diagnosis of Other Uterine Pathology:** *(Check all that apply.)*

   ₁☐ ADENOMYOSIS ➔ ₁☐ mild ₂☐ extensive ₃☐ extent not mentioned

   ₁☐ ENDOMETRIOSIS

   ₁☐ CERVICITIS ➔ ₁☐ chronic ₂☐ acute

   ₁☐ NABOTHIAN CYST

   ₁☐ OTHER UTERINE PATHOLOGY, SPECIFY: _____ ☐☐☐

   _____ ☐☐☐

   _____ ☐☐☐

   ₁☐ PATHOLOGY DIAGNOSIS NOT MENTIONED

14. **Other Pathology Diagnoses:** *(Check all that apply.)*

   ₁☐ SALPINGITIS

   ₁☐ OVARIAN CYST

   ₁☐ OTHER, SPECIFY: _____ ☐☐☐

   _____ ☐☐☐

   _____ ☐☐☐

   ₁☐ NOT MENTIONED