

IDNEW (ID number unrelated to original study ID number) : _____

Cohort (1-4) : _____

Note: Item numbers consist of a 3-character code that identifies the file (UDS) followed by the original label of the item (possibly with a zero inserted). Go to or skip statements use only the original label. Therefore, 'skip to B8' is equivalent to 'skip to UDSB08'.

SECTION B: UDS**Uninstrumented Uroflow:**

UDSB01. Voided volume: _____ ml (If less than 150 cc, repeat uroflow with full bladder at another time)

UDSB02. Maximum flow rate: _____ ml/sec

UDSB03. Mean flow rate: _____ ml/sec

UDSB04. Did patient reduce prolapse to void? 1. ☐ Yes 2. ☐ NoUDSB05. Was urine test suggestive of UTI? 1. ☐ Yes → **RESCHEDULE APPOINTMENT AND TREAT UTI**2. ☐ Yes, however urodynamics done. Explain:(UDSB05O)3. ☐ NoUDSB06. Urine pregnancy test: 1. ☐ Positive → **PATIENT INELIGIBLE, END EXAM, READ INELIGIBILITY SCRIPT 2, PAGE 3, FORM 01**2. ☐ Negative3. ☐ Not Applicable

CYSTOMETROGRAM BASELINE MEASUREMENTS: The patient should be seated in a 45-degree semi-reclining position. Zero both the rectal and transurethral catheters at the level of the symphysis pubis to atmosphere prior to insertion. Insert the rectal and the transurethral catheters. Detrusor pressure should read between 0-5cm H₂O during the course of early filling. If this is not the case, the study should be paused, infusion lines and ports flushed, then equipment re-zeroed prior to continuing.

UDSB07. Was an 8 French catheter used? 1. ☐ Yes → **SKIP to UDSB08** 2. ☐ No

UDSB07A. What was the catheter diameter? _____ French

UDSB08. Catheterized post void residual: _____ cc

UDSB09. Baseline intravesical pressure: _____ cm H₂O

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CYSTOMETROGRAM FILLING MEASUREMENTS: Record total intravesical pressure at rest. **Valsalva sequence:** Instruct subject to bear down slowly (straining as if to have a bowel movement), and gradually increase force until maximal effort. If leaking occurs, measure Valsalva leak point pressure at the moment of leakage. **Cough sequence:** Instruct subject to cough gently, moderately, and then more forcefully. Make sure pressure returns to baseline prior to subsequent cough. If leaking occurs, measure cough leak point pressure at the moment of leakage.

FILL TO 300 CC VOLUME OR MAXIMAL BLADDER CAPACITY, WHICHEVER IS LESS, AT 50 CC/MINUTEUDSB10. Total intravesical pressure at rest: _____ cm H₂OUDSB11. Was there urine leakage with Valsalva? 1. ☐ Yes 2. ☐ No → **SKIP to UDSB12**UDSB11a. Maximum intravesical pressure at the time of leakage: _____ cm H₂OUDSB12. Was there urine leakage with cough?UDS 1. ☐ Yes 2. ☐ No → **SKIP to UDSB13**UDSB12A. Maximum intravesical pressure at the time of leakage: _____ cm H₂OUDSB13. 1. ☐ Even Day → **COMPLETE TEST X FIRST AND TEST Y SECOND**2. ☐ Odd Day → **COMPLETE TEST Y FIRST AND TEST X SECOND**

X and Y were specified in the final form for each site

Prolapse reduced using first method above at 300 cc bladder volume or maximum bladder capacity (whichever is less)UDSB14. Total intravesical pressure at rest: _____ cm H₂OUDSB15. Was there urine leakage with Valsalva? 1. ☐ Yes 2. ☐ No → **SKIP to UDSB16**UDSB15A. Maximum intravesical pressure at the time of leakage: _____ cm H₂OUDSB16. Was there urine leakage with cough? 1. ☐ Yes 2. ☐ No → **SKIP to UDSB17**UDSB16A. Maximum intravesical pressure at the time of leakage: _____ cm H₂O**Prolapse reduced using second method above at 300 cc bladder volume or maximum bladder capacity (whichever is less)**UDSB17. Total intravesical pressure at rest: _____ cm H₂OUDSB18. Was there urine leakage with Valsalva? 1. ☐ Yes 2. ☐ No → **SKIP to UDSB19**UDSB18A. Maximum intravesical pressure at the time of leakage: _____ cm H₂OUDSB19. Was there urine leakage with cough? 1. ☐ Yes 2. ☐ No → **SKIP to UDSB20**UDSB19A. Maximum intravesical pressure at the time of leakage: _____ cm H₂O

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Which method was used to reduce the prolapse?

		¹ First	² Second
UDSB20A.	Hand.....	☐	☐
UDSB20B.	Swab.....	☐	☐
UDSB20C.	Pessary.....	☐	☐ Size:(UDSB20CS)
UDSB20D.	Ring Forceps.....	☐	☐
UDSB20E.	Speculum.....	☐	☐

FILL BLADDER TO MAXIMUM BLADDER CAPACITY AT 50 CC/MINUTE

UDSB21. Maximum bladder capacity: _____ ml → If MBC ≤ 300 cc SKIP to UDSB25

UDSB22. Total intravesical pressure at rest: _____ cm H₂OUDSB23. Was there urine leakage with Valsalva? ¹☐ Yes ²☐ No → SKIP to UDSB24UDSB23A. Maximum intravesical pressure at the time of leakage: _____ cm H₂OUDSB24. Was there urine leakage with cough? ¹☐ Yes ²☐ No → SKIP to UDSB25UDSB24A. Maximum intravesical pressure at the time of leakage: _____ cm H₂O → SKIP to B26UDSB25. Was the transurethral catheter removed at maximum bladder capacity? ¹☐ Yes ²☐ No → SKIP to UDSB26UDSB25A. Did patient leak with the transurethral catheter removed? ¹☐ Yes ²☐ No

UDSB26. Bladder volume at "interrupt" volume: _____ ml

UDSB27. During the filling cystometrogram, was there any detrusor instability? ¹☐ Yes ²☐ No → SKIP to UDSB28UDSB27A. If "Yes," was repeat bladder filling required? ¹☐ Yes ²☐ NoUDSB27B. If "Yes," could accurate leak point pressure measurements be obtained? ¹☐ Yes ²☐ No

Record volume at each occurrence of detrusor instability and indicate if instability was associated with leakage.

OCCURRENCE*	RECORDED VOLUME	ASSOCIATED WITH LEAKAGE
		¹ Yes ² No
UDSB27CR. Occurrence 1 _____ ml	UDSB27CA.	☐ ☐
UDSB27DR. Occurrence 2 _____ ml	UDSB27DA.	☐ ☐

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UDSB27ER. Occurrence 3 _____ ml

UDSB27EA. ☐☐

UDSB27FR. Occurrence 4 _____ ml

UDSB27FA. ☐☐

UDSB27GR. Occurrence 5 _____ ml

UDSB27GA. ☐☐**ALLOW PROLAPSE AND PERFORM PRESSURE – FLOW STUDY (KEEP URODYNAMIC CATHETER IN)**UDSB28. Was patient able to void with catheters in place? 1. ☐ Yes 2. ☐ No →END

UDSB29. Voided volume: _____ ml

UDSB30. Maximum flow rate: _____ ml/sec

UDSB31. Mean flow rate: _____ ml/sec

UDSB32. Detrusor pressure at maximum flow: _____ cm H₂OUDSB33. What was the character of the stream? 1. ☐ Continuous 2. ☐ InterruptedUDSB34. Did patient reduce prolapse to void during pressure-flow voiding study? 1. ☐ Yes 2. ☐ No

Three additional variables were added to the data file as a result of a review of the urodynamic tracings. Two members of a Urodynamics Subcommittee (two urologists and one urogynecologist) reviewed every tracing. When there was disagreement between the two reviewers as to voiding pattern or mechanism, a consensus was obtained between the original 2 members and the third member of this subcommittee. The results reflect the final opinion of the group.

Nif_vp – non-instrumental flow voiding pattern: The voiding pattern (when a void occurred) is marked as (1) continuous, (2) interrupted or (8) not done. A stream is interrupted if any time elapses between one or more flow patterns; otherwise it is recorded as continuous. An uninterrupted flow pattern with multiple peaks is recorded as continuous. Because women with prolapse often have urinary retention, no minimum volume of void was required to consider this study valid.

Iv_pat – instrumented flow voiding pattern: The voiding pattern (when a void occurred) is marked as (1) continuous, (2) interrupted or (8) not done. A stream is interrupted if any time elapses between one or more flow patterns; otherwise it is recorded as continuous. An uninterrupted flow pattern with multiple peaks is recorded as continuous. Because women with prolapse often have urinary retention, no minimum volume of void was required to consider this study valid.

Iv_mech – instrumented flow voiding mechanism: There is no uniform agreement about the definitions below. The following definitions were based on review of the literature, review of tracings, and reflection of specific parameters of the voiding mechanisms as they pertain to this study's aims.

Response options were:

- 1) Detrusor contraction: if there was any increase in Pdet during peak flow.
- 2) Valsalva (abdominal): if there was ≥ 15 cm H₂O increase in Pabd during peak flow.
- 3) Mixed, both detrusor and valsalva: if there was an increase in Pabd and an increase in Pdet.
- 4) Neither: if there was no increase in either Pabd or Pdet (This may represent voiding by pelvic floor relaxation.)
- 5) Uninterpretable: if catheter was out or suspected to be non-functioning
- 8) Not Done