Saskatchewan Pelvic Floor Pathway

Addressograph

PATIENT ASSESSMENT FORM

RESULTS OF TESTS/QUESTIONNAIRES

		Comments:
Urinary Incontinence Questionnaire	Wetness ________ +Stress ________ +Urge _________ = __________/21	
Pelvic Floor Distress Inventory	Urinary _______ + Colorectal _______ + Pelvic organ _______ = ______/300	
Pelvic Floor Impact Questionnaire	Bladder _______ + Bowel ________ + Vagina ________ =_________/300	☐ microscopic hematuria > 50 years old
Urinalysis report reviewed	☐ yes ☐ no	☐ hematuria with UTI > 40 years old

BLADDER DIARY SUMMARY

☐ Information from diary ☐ No diary, based on history

Fluid intake:	Caffeine: ☐ 0 ☐ less than 3 ☐ 3-6 ☐ more than 6	Non-caffeine: ☐ less than 3 ☐ 3-5 ☐ 5- 8 ☐ more than 8	Alcohol: ☐ never ☐ seldom ☐ ___ weekly ☐ ___ daily
	Types of caffeine: ___coffee ___ tea ___ cola/pop ___ hot chocolate ___ chocolate bars		
Voids:	Daytime voids: ☐ less than 5 ☐ 5-7 ☐ 8-12 ☐ more than 12		Nocturia: ☐ 0 ☐ 1☐ 2 ☐ 3 ☐ more than 3
Leaks:	Leaks per day: ☐ 0 ☐ 1-3 ☐ 4-6 ☐ 7- 9 ☐ more than 9	Leaks at night: ☐ yes ☐ no ☐ occasionally	Type of pad: ☐ liners ☐ menstrual pads ☐ incontinence pads ☐ pull-up/diapers
	Average pads used: per day: _____ per night:_____ How wet: ☐ damp ☐ moderate ☐ soaked		
Functional Capacity:			

WHAT IS PATIENT'S MAIN COMPLAINT?

☐ stress incontinence ☐ urgency without incont. ☐ urge incont. ☐ fecal incont. ☐ symptomatic prolapse

BLADDER

Stress incontinence: ☐ yes ☐ no ☐ maybe	☐ cough ☐ stairs ☐ laugh ☐ lifting ☐ sneeze ☐ exercise ☐ running ☐ walking	Frequency: ☐ rarely ☐ weekly ☐ daily ☐ multiple times per day	Comments:
Urge incontinence: ☐ yes ☐ no ☐ maybe	☐ with strong urge ☐ upon waking ☐ enuresis ☐ washing hands ☐ hearing running water ☐ key in door ☐ standing	Frequency: ☐ rarely ☐ weekly ☐ daily ☐ multiple times per day	
Urgency alone without incontinence: ___ yes ___ no			**RED FLAGS:** ☐ intractable UTIs
UTIs: ☐ yes ☐ no	Per year: ☐ 1 ☐ none ☐ 2-6 ☐ < 1 ☐ > 6	☐ Pain with bladder filling ☐ Pain with voiding	
Difficulty emptying: ☐ yes ☐ no ☐ maybe	☐ Straining ☐ Double void ☐ Hesitancy ☐ Post void dribbling	Needs to push in prolapse to empty: ☐ yes ☐ no ☐ maybe Prolapse size affects emptying: ☐ yes ☐ no ☐ maybe Stream: ☐ strong ☐ weak ☐ interrupted Can stop stream: ☐ yes ☐ no ☐ sometimes	

BOWEL

Bowel function: (Bristol Stool Scale)	☐ type 1 ☐ type 5 ☐ type 2 ☐ type 6 ☐ type 3 ☐ type 7 ☐ type 4 ☐ alternating constipation/diarrhea	Passage: ☐ easy ☐ difficult ☐ digitates vagina ☐ digitates rectum	Comments:
Fecal incontinence: ☐ yes ☐ no ☐ maybe	Frequency: ☐ rare ☐ < once per month ☐ monthly ☐ weekly ☐ daily	Incontinence suggestive of external sphincter (with urgency): ☐ yes ☐ no ☐ maybe Incontinence suggestive of internal sphincter (insensible losses, smearing): ☐ yes ☐ no ☐ maybe	

OTHER

Dyspareunia: ☐ yes ☐ no ☐ N/A
Urinary incontinence with intercourse: ☐ yes ☐ no ☐ N/A
Prolapse pressure symptoms: ☐ yes ☐ no ☐ maybe
Patient describes vaginal bulge: ☐ yes ☐ no ☐ maybe

Comments:

Post void residual:

☐ history of voiding difficulty
☐ recurrent UTI
☐ ≥ grade 2 cystocele or uterine prolapse
☐ neurological disease on history
☐ previous surgery for SUI or cystocele

Measured by catheter:
☐ <50ml ☐ 50-100ml
☐ >100-150ml ☐ >150ml

Measured by US:
☐ <50ml ☐ 50-100ml
☐ >100-150ml ☐ >150ml

RED FLAGS

☐ Elevated post-residual volume

EXAM

Height:	Weight:		BMI:		
Saddle Sensation: S234 Light touch	Right:	☐ Normal	☐ Absent		
	Left:	☐ Normal	☐ Absent		
Pin prick	Right:	☐ Normal	☐ Absent		
	Left:	☐ Normal	☐ Absent		
Sacral Reflex:	☐ Bulbocavernosus		☐ Anal wink		
Hysterectomy:	☐ yes ☐ no				
Anterior	grade	0	1	2	3
Apex	grade	0	1	2	3
Posterior	grade	0	1	2	3
Complete evertion:	☐ yes ☐ no				
Bimanual exam	☐ normal ☐ abnormal ☐ not done				

Pelvic Floor Strength	0	1	2	3	4	5
Introitus:	☐ normal ☐ deficient					
Able to hold pessary:	☐ likely ☐ unlikely					

RED FLAGS:

☐ Neurological deficit

☐ Possible neurologic lesion

RED FLAGS:

☐ Palpable bladder after voiding

☐ Suspected pelvic or urinary tract mass

☐ Possible fistula

PROBLEMS IDENTIFIED

Assessor Name: ____ Designation: ______________________

Date of Assessment: ____

NOTES:

More pelvic floor information for health providers:
www.sasksurgery.ca/provider/pelvicfloor.html