**NAME**   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SURNAME**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AGE \_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOSPITAL NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF PROCEDURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATA COLLECTION FORM**

CD 4:

E

UNKNOWN

DECLINE

NEG

POS

**HIV:**

M

G

P

**Co-morbidities**

IDDM

NIDDM

IHD

Obesity

Hypertension

**Previous surgery**

Polypectomy

C/Section

Myomectomy

D&C/Evacuation/MVA

**FINDINGS AT HYSTEROSCOPY**

Polyps

Stenotic

Normal

Suspicious lesion

**Endocervical Canal**

Atrophy

Polyps

Adhesions

Normal

**Uterine Cavity**

Suspicious lesion

Hyperplasia

Fibroid

Septum

**Polyp:** Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Size \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fibroid:** Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Size \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nil

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Endometrial ablation

Essure

Myomectomy

Polypectomy

Biopsy

Removal IUCD

**Procedures performed at time of office hysteroscopy**

**Diagnosis made after hysteroscopy**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**No further treatment:**

Treated at time of office hysteroscopy

No treatment required

**Planned management:**

Mirena

Hysterectomy

Operative hysteroscopy under GA

**Referral for:**

Endometrial ablation

Diagnostic hysterectomy

**Pain score out of 10:** \_\_\_\_\_\_\_\_\_

**Duration of procedure:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ minutes

**Comments**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_