

**Las Colinas Center for Women's Continence
Vaginal Reconstruction and Rehabilitation Center of Texas
John J. Zavaleta, M.D.**

BEFORE AND AFTER POSTERIOR COMPARTMENT DEFECT REPAIR

Patient Name _____ ID _____ Date _____

On a scale of 1 to 10, with 10 being the worst, please rate the following symptoms. You will be asked to rate your symptoms before and after surgery.

	Before Surgery Date _____	After Surgery Date _____
Occasional backache	_____	_____
Occasional knee pain	_____	_____
Excessive pushing to have bowel movement (BM)	_____	_____
Excessive time spent on toilet for BM	_____	_____
Occasional hard, pellet-like stool	_____	_____
Occasional inability to fully empty bowel	_____	_____
Occasionally bloated	_____	_____
Sex "not the same" as before pregnancy	_____	_____
Decreased intensity/quality of orgasm since pregnancy	_____	_____
Passing vaginal air during sex	_____	_____
Takes longer to orgasm since pregnancy	_____	_____
Sensation that vagina is too loose	_____	_____
Need to be on top of partner to achieve orgasm	_____	_____
Vaginal or rectal pressure or heaviness	_____	_____
Feeling something bulging out of vagina	_____	_____
Leg cramps or leg discomfort	_____	_____

Please answer yes or no to the following questions after surgery.

Do you find yourself getting pleasure during sex in different positions now? _____

Do you experience orgasm sooner after the surgery? _____

Do you experience orgasm more frequently after the surgery? _____

Do you experience more intense orgasm after the surgery? _____

Do you have intercourse more often now? _____

Do you desire sex more often now? _____

Is your partner pleased with the surgery? _____

Has your self-esteem improved since your surgery? _____

Has your quality of life improved since your surgery? _____

Would you recommend this vaginal reconstruction to a friend? _____

Did the surgery exceed your expectations? _____

If you had to do it over again, would you? _____

Do you have any additional comments?

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