

Dear

You had surgery/received treatment at our clinic 2 months ago.

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# Your opinion of the operation (about 8 weeks)

Personal identity number:	
Name	
Address	
Postal code	City
Phone	
Email	

↔ *If the above information is missing or incorrect, please fill in here*

**Your questionnaire can also be found online. It is easier for us if you complete the questionnaire online. Go to [www.gynop.se](http://www.gynop.se), click “LOG IN”. Your password is**

There are gaps in the numbering of questions since certain questions are not relevant for you.

1. Date when the questionnaire is completed: .....-.....-.....
2. How do you feel about the length of your hospital stay?
  - Just right
  - Too long
  - Too short
3. Did you need to take pain relieving medicine because of your surgery, after you left the hospital?
  - No
  - Yes How many days?
4. Have you had any vaginal bleeding resulting from your surgery?
  - No
  - Yes. How many days? .....

How heavy was the bleeding?

  - None/insignificant
  - Light
  - Moderate
  - Heavy
  - Very heavy

- 5a. Do you have problems emptying your bladder?
- Never     Almost never     1–3 times per month     1–3 times per week     Daily
- 5b. Have you had problems with urinary urgency (sudden onset of a strong need to urinate)?
- Never     Almost never     1–3 times per month     1–3 times per week     Daily
- 5c. Do you need to get up at night to urinate?
- Never     Almost never     Usually one time     Usually two times     More than two times
- 5d. Do you experience urinary leakage or involuntary urination?
- Never     Almost never     Usually one time     Usually two times     More than two times
- 6a. Have you been on sick leave **because of** your surgery?
- No, I have not been on sick leave  
 I was on sick leave for another reason at the time of my surgery, for which reason I cannot answer the question  
 Yes, I am still on sick leave  
 Yes, I was on sick leave
- 6b. **If** you were on sick leave, what date did you return to work in the same capacity as before your surgery?
- ..... - ..... - .....
- year    month    day
- 6c. **If** you were on sick leave, how do you feel about the total length of the sick leave?
- Too long  
 Just right  
 Too short  
 I was on sick leave for another reason at the time of my surgery, for which reason I cannot answer the question
7. How many days after surgery did you need before you could carry out normal activities of daily living and manage **on your own** without more help than before the operation (e.g. personal hygiene, cooking food for yourself, making the bed, taking short walks)? .....days.
8. How do you feel about the surgical outcome so far? My condition is:
- Greatly improved  
 Improved  
 Unchanged  
 Worse  
 Much worse

**Following surgery, some problems are normal, transient and expected because you have had an operation. Some people experience prolonged problems after surgery.**

9. During the time since you returned home after surgery until the present, have you experienced new problems/complications related to the operation?

- No, **skip to question 17**
- Yes, mild
- Yes, severe/serious
- Yes, mild and severe/serious

11a. Did you need to seek medical care during the period after surgery because of these problems/complications?

- No       Yes

<b>If yes, what medical facility did you visit?</b>	<b>Name of department and hospital/primary care centre that you visited</b>
<input type="checkbox"/> The department where you had surgery	
<input type="checkbox"/> Primary care centre	
<input type="checkbox"/> Other medical facility	..... .....

11b. If yes, when was the first time you visited the medical facility after you returned home?

- Within 1 week     1 to 2 weeks     2 to 4 weeks     Later than 4 weeks

**Treatment of complications and problems**

11c. If you answered yes to question 11a: Were you hospitalised because of the complication?

- No, I left the hospital the same day
- Yes, stayed for one night.
- Yes, stayed for two or more nights

11d. If you answered yes to question 11a: Did treatment of the complication include surgery?

- No     Yes

11e. If you answered yes to question 11a: Were your problems/complications treated?

Select one or more responses

- No
- Yes, monitored with additional recheck and/or investigation
- Yes, pain relieving medicine
- Yes, the wound dressing was changed
- Yes, other treatment. Describe: .....

.....

11f. If you answered yes to question 11a: Did the complication cause your sick leave to be extended?

- No
- Yes, number of weeks .....

**Describe your problems/complications by choosing one or more of the following options.**

12a. Tick the affected organ/parts of the body:

- |  |  |
|--|--|
| <input type="checkbox"/> Surgical wound  | <input type="checkbox"/> Ureter from the kidney to the urinary bladder |
| <input type="checkbox"/> Blood vessels   | <input type="checkbox"/> Urethra                                       |
| <input type="checkbox"/> Uterus          | <input type="checkbox"/> Vagina  |
| <input type="checkbox"/> Nerve/Sensation | <input type="checkbox"/> Intestines                                    |
| <input type="checkbox"/> Urinary bladder | <input type="checkbox"/> Other (Describe in question 13f)              |

12b. Did the complication result in any of the following problems:

- Rupture of the surgical wound to the abdominal cavity that required a new operation (wound dehiscence)
- Abnormal connection to the vagina, intestine or urinary bladder (fistula)
- None of the above problems

## Different types of complications.

### 13a. Bleeding:

- Heavy/prolonged vaginal bleeding
- Bleeding from abdominal wall/abdominal wound
- Bleeding from the abdominal cavity
- Anaemia
- Other bleeding (Describe in question 13f)
- No bleeding

### 13b. Infection:

- Fever more than 38° for more than 2 days
- Urinary tract infection
- Vaginal infection, foul-smelling discharge
- Infection of surgical wound
- Uterine infection
- Infection inside the abdominal cavity (abdominal abscess)
- General blood poisoning (sepsis)
- Other infection (Describe in question 13f)
- Hospitalised because of infection
- No infection

If you ticked any option for infection, was the infection treated with an antibiotic/penicillin?

- No
- Yes

### 13c. Pain:

- Pain in the abdomen, stomach
- Groin pain
- Genital pain
- Pain located elsewhere (Describe in question 13f)
- Pubic bone pain
- No pain

**13d. Urination problems:**

Select one or more responses

- Difficulties emptying the bladder that required treatment
  - Residual urine test (measurement of urine remaining in the bladder after urination) on several occasions (approximately how many) .....
  - Urinary catheterisation on several occasions (approximately how many) .....
  - Self-catheterization for several days (approximately how many) .....
  - Catheterisation for several days (approximately how many) .....
  - Other treatment for several days....., specify what treatment .....
- Pain on urination persisting more than 1 month after surgery
- Problems holding in urine (urinary incontinence)
- Other (Describe in question 13f)
- No urination problems

**13e. General medical complication:**

- Abnormal fatigue, lethargy
- Bowel obstruction (ileus/subileus)
- Severe constipation
- Blood clot (thrombosis, emboli) with regular monitoring of blood thinners
- Other complication (Describe in question 13f)
- None of the above

13f. Describe the problems/complications you ticked above: .....

.....

.....

.....

.....

14. Do you still have problems with anything that you specified in questions 9-13?

- No
- Yes

If yes, describe: .....

.....

15. If you answered yes to any of questions 9-14, would you consent to allow us to read the relevant medical records before your surgery?

- No
- Yes

16a. Do you have problems holding in stool or gas?

- No
- Yes

If you answered No to the above question, skip to question 17a

16b. Do you ever pass gas even when it is inappropriate?

- Never
- Almost never
- Yes, 1-3 times a month
- Yes, 1-3 times a week
- Yes, daily

16c. Do you experience leakage of loose stool?

- Never
- Almost never
- Yes, 1-3 times a month
- Yes, 1-3 times a week
- Yes, daily

16d. Do you experience leakage of firm stool?

- Never
- Almost never
- Yes, 1-3 times a month
- Yes, 1-3 times a week
- Yes, daily

16e. Do you use sanitary pads/protection because of stool leakage?

- Never
- Almost never
- Yes, 1-3 times a month
- Yes, 1-3 times a week
- Yes, daily



16f. Does your leakage problem affect your lifestyle?

- Never
- Almost never
- Yes, 1-3 times a month
- Yes, 1-3 times a week
- Yes, daily

17. Do you have any additional problems related to the surgical procedure:

- No
- Yes

Describe the problem(s): .....

.....

.....

.....

18a. Have you been called in or will you be called in for a repeat visit/recheck resulting from your surgery?

- Yes
- No
- Don't know

18b. If No or Don't know, do you need someone from the Department of Obstetrics and Gynaecology to contact you?

- No, I will get in touch if any problems arise.
- Yes, I would like someone to contact me regarding .....

19. Have you had any problems understanding any question(s) in the questionnaire?  No  Yes  
If Yes, write the number of the question and describe the problem:

.....  
.....  
.....  
.....

.....  
*Name (of the person who filled in the questionnaire)*

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