

Form 1: Admission details (ideally completed on admission)

Record ID

WASHOUT Study Admission details

To provide feedback or to report an issue, please email washout@bursturology.com

pfa_tod

pfa_dat

// This value stores the date this form is first saved. It is used to dynamically hide the 90 day follow up form. To be removed prior to go-live

Inclusion Criteria

Is this patient over 18 years old Yes No

Was this patient under the primary or joint care of the urology team for ≥ 24 hours Yes No

Was this patient admitted into hospital acutely or as an emergency for visible haematuria Yes No
Please note: This means that it was not a scheduled admission. The admission can be via community/GP or via Accident and Emergency, or direct presentation to Urology or under the joint acute care of Urology with another specialty. This also includes transfers from other hospitals or departments when one of the primary reasons for admission was haematuria. This does NOT include elective patients that have ongoing bleeding post operatively. They need to be re-admitted after being discharged to be included in the study.

Was haematuria one of the main reasons for this acute/emergency admission Yes No
Please note: This includes patients admitted under another specialty with joint or shared care with Urology for haematuria.

Exclusion Criteria

Does this patient have traumatic haematuria Yes No
Catheterisation induced or pelvic or abdominal trauma. Note: traumatic haematuria is an exclusion criteria for this study.

Important: Please check your local key for this patients hospital number: Yes No

Has data on a recent admission for haematuria for this patient been entered to the WASHOUT CRF within the last 90 days? Individual patients should NOT be double entered

Please note: please check your local key to prevent double entering patients. Data related to readmission will be collected in a linked follow-up CRF.

Was the patient transferred between hospitals during their admission Yes No

Criteria for Inclusion for Patients Transferred Between Hospitals: Only include patient if they were admitted to the index (first) hospital acutely or as an emergency with haematuria. Details on the entire length of stay across both sites must be available and accurate. Details on investigations and management that occurred in both hospitals must be available and accurate. Ensure duplicate data entry does not occur across hospital sites. The episode of patient care was completed at your hospital site (e.g., discharged, transferred to community facility, etc.)
If the patient does not fulfill all these criteria, do not enter data on this patient and cancel record

Does the patient fulfil all of the above transfer eligibility criteria? Yes No

This patient is not eligible for the WASHOUT study

Please do not enter any further data on this patient Press cancel to close this form & exit

To Exit: First press cancel in top right: Then click "OK" to cancel data entry:

Do not proceed with data entry - All data will be invalid and not included in analysis

☐☐ Transfer details

What was the type of hospital transfer

- Transfer from inpatient bed to inpatient bed
- Transfer from inpatient bed to receiving unit's emergency department
- Transfer from inpatient bed to inpatient bed and subsequent return to referring site (e.g. for procedure + short stay)
- Transfer from inpatient bed to receiving hospital for procedure only and directly returned (e.g. for nephrostomy)

Date admitted to first hospital before transfer

(must be an emergency admission for haematuria) Note: This value cannot be saved
DD / MM / YYYY (date must be in this format)

Date arrived in receiving hospitalNote: This value cannot be savedDD / MM / YYYY (date must be in this format)

Total number of days the patient waited for a transferCalendar days
This value will be "0" if transfer occurred on same day.

Note: This value is being calculated from the unsavable date of admission and date of discharge above

Is the calculated total number of days the patient waited for a transfer correct

Yes No

The number of days is calculated between the above two dates.
If the calculated number of days is incorrect, the above dates may need to be changed.

Once calculated number of days is correct, please change "Is the calculated total number of days" question to Yes.

Please give the total number of calendar days the patient spend waiting a transfer (across both sites)Calendar days

Demographics & status on admission

Year of birth(Full DOB not collected as identifiable data)

- 2007
- 2006
- 2005
- 2004
- 2003
- 2002
- 2001
- 2000
- 1999
- 1998
- 1997
- 1996
- 1995
- 1994
- 1993
- 1992
- 1991
- 1990
- 1989
- 1988
- 1987
- 1986
- 1985
- 1984
- 1983
- 1982
- 1981
- 1980
- 1979
- 1978
- 1977
- 1976
- 1975
- 1974
- 1973
- 1972
- 1971
- 1970
- 1969
- 1968
- 1967
- 1966
- 1965
- 1964
- 1963
- 1962
- 1961
- 1960
- 1959
- 1958
- 1957
- 1956
- 1955
- 1954
- 1953
- 1952
- 1951
- 1950
- 1949
- 1948
- 1947
- 1946
- 1945
- 1944
- 1943
- 1942
- 1941
- 1940
- 1939

- 1938
- 1937
- 1936
- 1935
- 1934
- 1933
- 1932
- 1931
- 1930
- 1929
- 1928
- 1927
- 1926
- 1925
- 1924
- 1923
- 1922
- 1921
- 1920
- 1919
- 1918
- 1917
- 1916
- 1915
- 1914
- 1913
- 1912
- 1911
- 1910
- 1909
- 1908
- 1907
- 1906
- 1905
- 1904

Age _____

Biological sex _____

Is this the first time this patient was admitted as an emergency for haematuria to a hospital Yes No

How many times was this patient admitted to the hospital as an emergency with haematuria in the last year Once More than once

On this presentation, did the patient have clots along with the visible haematuria No clots Yes, and presented with clot retention Yes, but did not present in clot retention Not documented

Haematuria scale Note: this scale is for haematuria without irrigation Clear-pink Pink Light red Bright red Dark red Undocumented (or not seen by person filling in form) - please make every effort to obtain this information

Active symptoms/issues at point of admission:

Presenting symptoms

Present at presentation

Fever / temperature spikes

(e.g. $\geq 38^{\circ}\text{C}$ / 100.4°F) _____

Other issues

Present at presentation

Social admission i.e patient unable to manage at home _____

Medically unwell

(i.e. requiring physician input)

Did the patient have any of the following suspected diagnoses on admission?

Symptom/Issue Present at presentation

Infection (e.g cystitis/pyelonephritis) _____

Upper tract obstruction (hydronephrosis) _____

Sepsis (from urinary tract) _____

Clinical frailty scale score

- Very Fit People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age
- Well People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally
- Managing Well People whose medical problems are well controlled, but are not regularly active beyond routine walking.
- Vulnerable While not dependent on others for daily help, often symptoms limit activities. A common complaint is being "slowed up", and/or being tired during the day.
- Mildly Frail These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.
- Moderately Frail People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing
- Severely Frail Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).
- Very Severely Frail Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.
- Terminally III Approaching the end of life. This category applies to people with a life expectancy < 6 months, who are not otherwise evidently frail
- Not assessable

Is this patient palliative A patient who is deemed unfit for curative treatment and is only being admitted for symptom control

- Yes
- No

Was the patient haemodynamically stable on admission

- Stable
- Unstable

What level of resuscitation was required?

- Requiring basic resuscitation e.g. crystalloid/transfusion
- Requiring invasive resuscitation (e.g. arterial line/intubation)
- Requiring CPR (cardiopulmonary resuscitation)
- None of the above

Was the patient haemodynamically unstable on admission What was the underlying cause of haemodynamic instability

- Related to sepsis
- Related to hypovolaemia
- Other cause

Was the patient haemodynamically unstable on admission What the cause of haemodynamic instability related to the haematuria

- Yes
- No

Investigations on admission

Admission blood test results (if available):

Test Available
Result Unit
Typical normal values

Haemoglobin (Hb) _____ g/L 120 - 180
eGFR _____ ml/min 0 - 90

Were radiological investigations were performed within the emergency department Yes No

Were radiological investigations were performed within the emergency department What radiological investigations were performed within the emergency department. (EXCLUDES all imaging performed once on the ward)

Investigation Performed

Ultrasound kidneys and bladder (bedside or radiological) _____
Non-contrast computed tomography (CT / CT KUB) _____
Contrast-enhanced computed tomography (e.g. CT-uogram) _____
Magnetic resonance imaging (e.g. MRI scan of urinary tract) _____
Plain X-ray (CXR, or abdomen) _____

Past Medical History

ASA grade assessment

- Grade I Patient is a completely healthy fit patient.
- Grade II Patient has mild systemic disease.
- Grade III Patient has severe systemic disease that is not incapacitating.
- Grade IV Patient has incapacitating disease that is a constant threat to life.
- Grade VA moribund patient who is not expected to live 24 hour with or without surgery.

The following fields are used to calculate charlson co-morbidity index and are mandatory fields. Please ensure it is filled accurately.

Charlson co-morbidity

- None Cancer:
- Non-metastatic solid tumor (last 5 years) (+2)
- Metastatic solid tumor (+6)
- Leukemia (+2)
- Lymphoma, Multiple myeloma (+2)
- Cardiac & Vascular:**
- Myocardial infarct (+1)
- Congestive heart failure (+1)
- Diagnosed angina/ ischaemic heart disease/Coronary Artery Bypass Graft (CABG) but no previous myocardial infarction
- Hypertension
- Hyperlipidaemia
- Atrial Fibrillation
- Cardiac valve disease
- Other cardiac structural
- Peripheral vascular disease (includes abdominal aortic aneurysm>6cm (+1)
- Previous deep venous thrombosis
- Lung:**
- Chronic obstructive pulmonary disease (+1)
- Renal:**
- Moderate or severe renal disease (+2)
- Patient on dialysis
- Liver:**
- Mild liver disease (+1)
- Moderate or severe liver disease (+2)
- Neurological:**
- Previous stroke/cerebrovascular accident/transient ischaemic attack (+1)
- Hemiplegia (+1)
- Dementia (+1)
- Endocrine:**
- Diabetes (without complications) (+1)
- Diabetes with end organ damage (+2)
- Systemic:**
- Ulcer disease (+1)
- Connective tissue disease(+1)
- AIDS (+6)
- Additional bleeding risk questions:**
- Underweight (body mass index < 18.5 kg)
- Non-steroidal anti-inflammatory (NSAID) use
- Bleeding history

Charlson age group

- < 50 (+0)
- 50 - 59 (+1)
- 60 - 69 (+2)
- 70 - 79 (+3)
- 80 - 89 (+4)
- 90 - 99 (+5)

pfa_pmh_cha_sco_cal

Charlson score [pfa_pmh_cha_sco_cal]

Was this patient on any anticoagulant or antiplatelet medications on admission

- Yes
- No

Patient on anticoagulants or antiplatelets
What is the indication for the patient to be on anticoagulants or antiplatelets

- Atrial fibrillation
- Cerebrovascular event (e.g. ischaemic stroke)
- Low-risk cardiovascular indication (e.g. ischaemic heart disease)
- High-risk cardiovascular indication (e.g. drug eluting coronary stent < 6 months)
- Previous deep vein thrombosis/pulmonary embolism
- Prosthetic cardiac valve
- Metal cardiac valve
- Other coagulation disorder

Patient on anticoagulants or antiplatelets What anticoagulant or antiplatelet medication group was the patient taking before emergency admission

- Direct Oral Anticoagulants e.g. Apixaban, Rivaroxaban, Dabigatran
- Warfarin
- Low Molecular Weight Heparin / Fondaparinux (therapeutic dose)
- Heparin
- Aspirin (75mg)
- Clopidogrel
- Other (e.g. Prasugrel, Ticagrelor, or other)

Specific other anticoagulant medication

Has this patient had previous pelvic radiotherapy

- Yes No

Previous pelvic radiotherapy What was the indication for the pelvic radiation

- Curative course of treatment
- Palliative treatment (i.e. symptomatic treatment of advanced cancer)

What was the indication for the pelvic radiation Specify the type of cancer that was treated with the pelvic radiotherapy More than one cancer can apply

- Prostate cancer
- Bladder cancer
- Gynae e.g. cervical
- Colorectal
- Other

Specify the type of cancer that was treated with the pelvic radiotherapy Specify other type of cancer

What was the indication for the pelvic radiation Specify the other indication

Previous pelvic radiotherapy How long ago did the patient receive the pelvic radiotherapy

- Early (within last year)
- Late (more than one year)

Previous pelvic radiotherapy Has the patient had any of the following treatments for radiation cystitis

- Oral medications i.e. Pentosan polysulfate (Elmiron)
- Intravesical agents - i.e. glycosaminoglycan (GAG) analogues / cystistat
- Hyperbaric oxygen therapy
- Nephrostomy/stent for radiation-induced stricture
- Embolization of bladder
- None of the above

Pre-existing Urological Conditions

Pre-existing urological conditions (tick all that apply)

Patient has known benign conditions (e.g. BPH, stones, UTIs): Patient has known urological malignancies: Patient has recent urological intervention (< 4 weeks):

WARNING

The data entry on this form is not complete until the next form is unlocked

Click "Save & Go to next form" & correct any missing data (if applicable). Once there is no missing data, the next form will be unlocked. You can then "Save & Go to next form" to proceed to data entry on management & outcomes.

Form 2: Management and outcomes (ideally completed on discharge / locked until Form 1 complete)

WASHOUT Study Management and outcomes

To provide feedback or to report an issue, please email washout@bursturology.com

Admission

Please note:

The below is an automatic date calculation of length of stay (in calendar days). No specific dates are stored in REDCAP to protect identifiable data. The calculated date differences will be stored. You will need to verify all calculated dates and confirm they are correct. The first date (date of admission) will be used in several calculations on this page. If you are returning to this form you do not have to re-enter dates if all date calculations are present and correct. Important: If you are returning to this form to modify any dates on this page (e.g. after saving form), you will need to ensure that "date of admission" at the top is re-entered.

Date of admission in your hospital Note: this value will be used to calculate length of stay but will not be saved.

Do not use date admitted to the referring hospital if patient is a hospital transfer
DD/MM/YYYY (date must be in this format)

Date of discharge Note: this value will be used to calculate length of stay but will not be saved.

Date of discharge may represent date of death, transfer to care facility etc.
DD/MM/YYYY (date must be in this format)

Admission day of the week Note: This value is being calculated from the unsavable date of admission above

Admission month of the year Note: This value is being calculated from the unsavable date of admission above

Length of stay Calendar days Note: This value is being calculated from the unsavable date of admission and date of discharge above

Is the calculated length of stay above correct

- Yes
 No

If the calculated length of stay is incorrect, one/both dates above need to be changed

Once calculated length of stay is correct, please change "Is the calculated length of stay above correct" to Yes

Was date of presentation the same as date admitted to inpatient bed? i.e. Did the patient present to the emergency department on a different calendar day to the calendar day they were in an inpatient bed?

- Yes
 No

Date of presentation to emergency department Note: this value will be used to calculate days waiting on inpatient bed but will not be saved.
DD/MM/YYYY (date must be in this format)

Days from presentation in ED to being in an inpatient bed In calendar days Note: This value is being calculated from the unsavable date of admission and date of presentation above

Is the calculated days from presentation to admission correct?

Yes No

If the calculated days from presentation to admission is incorrect, one/both dates above need to be changed

Once calculated days are correct, please change "Is the calculated length of stay above correct" to Yes

Lab Results from Admission

Result of the urine culture During admission

- No growth
 Culture positive infection
 Not sent

What was the result of the Urine culture during the admission What organism grew on the culture

- Mixed growth
 Isolated bacteria
 Fungal
 Contaminant

Ward-based management

What ward based management did this patient undergo during the course of the admission? During admission Select all that apply

- Bladder washouts
 Continuous Bladder Irrigation
 Bedside flexible cystoscopy (single use scope or other) under local anaesthetic
 Flexible cystoscopy in cystoscopy suite / theatre under local anaesthetic
 None of the above, observation only

Bladder washouts What was the size of catheter primarily used for washouts during the admission Please select a representative size if the specific size not known

- 2-way, any size
 3-way, 18fr
 3-way, 20fr
 3-way, 22fr
 3-way, ≥ 24 fr
 No catheter used
 Unknown

Bladder washouts Clinical impression of washout success (Overall impression during inpatient stay) Irrespective of how many/frequent

- Washouts were working well, catheter draining very clear afterward
 Washouts clearing clots, impression that small residual remaining or high risk of clot recurrence
 Washouts difficult to perform, almost certainty residual clot

Bladder washouts Who performed the majority of the washouts

- A team member competent in washouts (e.g. urology resident or experienced urology ward nurse)
 A team member with limited experienced (e.g. intern doctor, nurse on a general ward)

Bladder washouts Was it possible to achieve clear urine (off irrigation) after bedside washouts?

- Yes - fully clear urine at end of washout(s)
 No - light red at end of washout(s)
 No - dark red at end of washout(s)

Bladder irrigation Where was the majority of irrigation performed

- On a urology ward
 On an general/non-urology ward

Bladder irrigation What was the overall course of irrigation during the inpatient stay

- Very short period of irrigation (< 12hrs)
 Short period of continuous irrigation e.g. 1-2 days (>12 hours) of irrigation
 Long continuous period of irrigation e.g. 2 or more consecutive days of irrigation (>48 hours)
 Long interrupted days of irrigation e.g. 1-2 days at a time (total length >48 hours)

Bladder irrigation What was the quality of irrigation management

- Poor quality irrigation Likely irrigation interrupted at critical times
 Reasonable quality irrigation Likely running for majority of time requested
 Good quality irrigation Seamless change of irrigation bags

Did the patient have a poorly draining catheter for ≥ 48 hrs during the inpatient stay? This means the team suspected the bladder was inadequately cleared of clots for ≥ 48 hrs.

- Yes
 No
 Unknown

This could be for any reason (e.g. waiting for theatre slot, bedside washouts failing)

Was the patient on the ward for a prolonged period of time with a poorly draining catheter on account of the haematuria Why was the ward based management continued beyond 48 hours

- Patient not ideal candidate for general anaesthetic
 Patient refusal for procedure
 Lack of consultant/attending review (e.g. awaiting a consultant to see the patient in person)
 Awaiting emergency theatre
 Awaiting reversal of anticoagulation to continue conservative management
 Awaiting reversal of anticoagulation in preparation for operative management
 Awaiting transfer or logistical issue
 None of the above

What date was ALL ward/surgical management completed and not re-initiated thereafter i.e. Satisfactorily clear urine or best achievable urine status This is the day when further surgical or medical intervention was not deemed necessary (No further irrigation, washouts or surgery) Note: This value cannot be saved DD/MM/YYYY (date must be in this format)

Total number of days between admission and and completion of ward/surgical management Calendar days _____

Is the calculated total number of days between admission and completion of ward/surgical management correct

- Yes No

The number of days is calculated between this date and the date of admission (entered top of form). If the calculated number of days is incorrect, the above dates may need to be changed.

Once calculated number of days is correct, please change "Is the calculated total number of days" question to Yes.

What medical management did this patient undergo during the admission? Select all transfusion, blood products and reversal agents required During admission

- Tranexamic acid
- Blood transfusion (packed red cells)
- Fresh Frozen Plasma
- Platelets
- Vitamin K
- Antibiotic treatment course (intravenous or oral)
- Protamine
- Octaplex
- Initiated 5-Alpha Reductase Inhibitor (e.g. Finasteride, Dutasteride)
- Initiated Hormone therapy for prostate cancer
- None of the above

Medical management: Blood transfusion Specify the number of units during the entire admission _____

Medical management

Was the patient on a prophylactic dose of a low molecular weight heparin whilst haematuria was present? e.g. enoxaparin 20mg

- Yes
- No
- Not indicated as therapeutic dose anticoagulant continued

[Patient Factors]: Was this patient on any anticoagulant or antiplatelet medications on admission? What anticoagulant medications were stopped (if applicable)?

(Medications taken from previous instrument - can be amended by going back to previous instrument)

Checked/unchecked on admission Was medication stopped?

(even if just temporarily)

Direct Oral Anticoagulants e.g. Apixaban, Rivaroxaban, Dabigatran [pfa_pmh_acp_mgr(1)] _____

Warfarin [pfa_pmh_acp_mgr(2)] _____

Low Molecular Weight Heparin / Fondaparinux (therapeutic dose) [pfa_pmh_acp_mgr(3)] _____

Heparin [pfa_pmh_acp_mgr(4)] _____

Aspirin (75mg) [pfa_pmh_acp_mgr(5)] _____

Clopidogrel [pfa_pmh_acp_mgr(6)] _____

Other (e.g. Prasugrel, Ticagrelor, or other) [pfa_pmh_acp_mgr(7)] _____

[Patient Factors]: Was this patient on any anticoagulant or antiplatelet medications on admission? When was patient restarted on anticoagulation/antiplatelets

- As an inpatient, but with some degree of haematuriae.g. pink or worse urine
- As an inpatient, after a short period of clear urine.g. < 48hrs
- As an inpatient, after a long period of clear urine.g. >= 48hrs
- As an outpatient, to be started after a short period 1-2 days
- As an outpatient, to be started after a long period >= 48hrs
- The stopped anticoagulant was not restarted (e.g. not medically indicated anymore)

[Patient Factors]: Was this patient on any anticoagulant or antiplatelet medications on admission
 What was the eGFR at the time of restarting anticoagulation/antiplatelets? If medication stopped/started multiple times, give reading for first time restarted

[Patient Factors]: Was this patient on any anticoagulant or antiplatelet medications on admission
 Did they experience recurrence/worsening of haematuria due to restarting anticoagulation

- Yes, but did not require any management (i.e. light red)
 Yes, but required washout and/or irrigation
 Yes, required theatre
 No
 Not known

[Patient Factors]: Was this patient on any anticoagulant or antiplatelet medications on admission
 If an anticoagulation medication was stopped, did an alternative agent (e.g. low molecular weight heparin) need to be commenced for "bridging" purposes?

- Yes
 No

Please select if patient required any of the following higher levels of care during this admission?

- High dependency unit, or equivalent (i.e. a unit typically managing single-organ failure)
 Intensive therapy/care unit (ITU/ICU) (i.e. a unit typically managing multi-organ failure)

Level of care required How many days did the patient stay in the intensive care unit Please carefully calculate total number of days spent in higher level care during the entire admission including non-consecutive periods

Level of care required How many days did the patient stay in the high dependency unit Please carefully calculate total number of days spent in higher level care during the entire admission including non-consecutive periods

Did patient experience any of the following complications during this admission Select all that apply

- Pulmonary embolism (PE)
 Deep vein thrombosis (DVT)
 Stroke / Cerebrovascular accident (CVA) or Transient ischemic attack (TIA)
 None of the above

Was the palliative care team involved in the patient's care

- Yes No

Was the patient formally reviewed by another team/specialty during the hospital stay e.g. an in-person medical review.
 This excludes telephone/remote advice.

- Yes No

Was care of patient taken over by another specialty/team during the inpatient stay

- Yes No

Was care of patient taken over by another medical team during the inpatient stay Date care taken over

DD / MM / YYYY (date must be in this format)

Total number of days between admission and date care taken over
Calendar days _____

Is the total number of days between admission and date care taken over correct

Yes
 No

The number of days is calculated between this date and the date of admission (entered top of form). If the calculated number of days is incorrect, the above dates may need to be changed.

Once calculated number of days is correct, please change "Is the calculated total number of days" question to Yes.

Imaging

Did the patient have any imaging for haematuria during the admission
During admission

Yes No

Did the patient have any imaging for haematuria during the admission
What was the main reason for booking the patient for imaging during the admission

- Patients routinely imaged on admission in our practice
 Imaging requested primarily to investigate cause of haematuria
 Imaging requested primarily for decision making on whether or not to go to theatre
 Imaging requested primarily for pre-operative planning (e.g. operation type, setting, equipment)

Did the patient have any imaging for haematuria during the admission
What radiological investigations were performed on the ward. (EXCLUDES initial imaging in the emergency department)

Investigation Performed

Investigation Repeated

Ultrasound kidneys and bladder (bedside or radiological) _____

Non-contrast computed tomography (e.g. CT KUB) _____

Contrast-enhanced computed tomography (e.g. CT-urogram) _____

Magnetic resonance imaging (e.g. MRI scan of urinary tract) _____

Bone scan (nuclear medicine) _____

Renogram _____

FDG-PET _____

PSMA-PET _____

Plain X-ray (CXR, or abdomen) _____

What date did the patient have their first radiological investigation
If imaging was performed in the emergency department, please enter admission date (i.e. total days should equal '0')

This value cannot be saved

DD / MM / YYYY (date must be in this format)

Total number of days between admission and date of first radiological investigation
Calendar days _____

Is the calculated total number of days between admission and date of first radiological investigation correct

Yes No

The number of days is calculated between this date and the date of admission (entered top of form). If the calculated number of days is incorrect, the above dates may need to be changed.

Once calculated number of days is correct, please change "Is the calculated total number of days" question to Yes.

Did the patient have any imaging for haematuria during the admission? Did imaging provide a underlying diagnosis for haematuria Yes No

Imaging findings
Were any of the following radiological features seen on imaging? (across all types of imaging performed)

Upper tract: bleed (e.g. on arterial phase)
 Upper tract: obstruction (e.g. hydronephrosis)
 Upper tract: infection (e.g. pyelonephritis)
 Lower tract: bleed (e.g. clots in bladder)
 Lower tract: obstruction (e.g. chronic retention features)
 Lower tract: infection (e.g. cystitis)
 None of the above

Imaging findings
Did imaging provide evidence for any of the following diagnoses?

Non-diagnostic Malignant:
 Prostate cancer
 Bladder cancer
 Suspected/confirmed upper tract TCC
 Suspected/confirmed RCC Benign:
 Vascular cause
 Kidney stone
 Ureteric stone
 Very large prostate (i.e. >80cc)

Intervention

Did the patient have an intervention during the admission? Interventional radiology or surgical intervention Yes No

Did the patient have an intervention during the admission? Did imaging prompt the intervention Yes No

Did the patient have an intervention during the admission? If the patient did not have any procedure or intervention during the admission please select why

Procedure/intervention not indicated (haematuria settled spontaneously or with ward based care only)
 Patient deemed unfit for the intervention (e.g. palliative patient)
 Patient refused intervention
 Patient booked for urgent planned procedure (urgent elective)
 Patient booked for other investigation/procedure (e.g. outpatient diagnostic procedure) before proceeding

Date of decision to take the patient to theatre for the haematuria? Note: this is not necessarily the same date the patient actually went to theatre or had intervention
DD / MM / YYYY (date must be in this format)

Total number of days between admission and date of decision to take the patient to theatre for the haematuria? Calendar days _____

Is the calculated total number of days between admission and date of decision to take the patient to theatre for the haematuria correct? Yes No

The number of days is calculated between this date and the date of admission (entered top of form). If the calculated number of days is incorrect, the above dates may need to be changed.
Once calculated number of days is correct, please change "Is the calculated total number of days" question to Yes.

Date of the intervention Note: This value cannot be saved
DD / MM / YYYY (date must be in this format)

Total number of days between admission and date of the intervention
Calendar days _____

Is the calculated total number of days between admission and date of the intervention correct Yes
 No

The number of days is calculated between this date and the date of admission (entered top of form). If the calculated number of days is incorrect, the above dates may need to be changed.

Once calculated number of days is correct, please change "Is the calculated total number of days" question to Yes.

Did the patient have an intervention during the admission
What was the main pre-operative reason for taking the patient to theatre?

- Early, proactive approach to stop bleeding and/or achieve clot clearance
 To primarily treat underlying diagnosis e.g. TURBT
 Conservative (ward-based) management not working/failing
 To primarily achieve a diagnosis for the haematuria as an inpatient
 For other adjunct treatment unrelated to haematuria (e.g. to treat upper tract obstruction)

Did the patient have an intervention during the admission
Who took the decision to take the patient to theatre for cystoscopic intervention
E.g. washout or TURBT or other

- Registrar/Resident-led (e.g. consultant aware of decision or gave advice over phone for decision)
 Consultant/Attending-led (Including Associate Specialists)

Did the patient have an intervention during the admission Procedures performed during admission

Intervention

Performed Frequency Date First Procedure
Endo-urology procedures

Rigid cystoscopy +/- washout +/- biopsy _____
DD / MM / YYYY (date must be in this format)

Rigid cystoscopy + ureteric stent _____
DD / MM / YYYY (date must be in this format)

Transurethral Resection of a Bladder Tumour (TURBT) _____
DD / MM / YYYY (date must be in this format)

Bladder outlet surgery (e.g. TURP, HoLEP) _____
DD / MM / YYYY (date must be in this format)

Ureteroscopy (URS/FURS/RIRS) _____
DD / MM / YYYY (date must be in this format)

PCNL (percutaneous nephrolithotomy) _____
DD / MM / YYYY (date must be in this format)

Other, intermediate endoscopic procedure _____
DD / MM / YYYY (date must be in this format)

Open Procedures
Open procedures of bladder (cystostomy), evacuation of clot +/- packing _____
DD / MM / YYYY (date must be in this format)

Other, intermediate open procedure _____
DD / MM / YYYY (date must be in this format)

Major or Complex Surgery
Cystectomy and/or ileal conduit diversion (or bladder reconstruction) _____

DD / MM / YYYY (date must be in this format)

Prostatectomy, simple/radical (or pelvic reconstruction) _____

05/04/2024 15:39

DD / MM / YYYY (date must be in this format)
Major upper tract surgery (e.g. nephrectomy) _____
DD / MM / YYYY (date must be in this format)
Diagnostic/Ambulatory

Flexible cystoscopy under local anaesthetic _____
DD / MM / YYYY (date must be in this format)
Biopsy of prostate (e.g. transperineal biopsy) _____
DD / MM / YYYY (date must be in this format)
Interventional radiology

Exchange/replacement nephrostomy _____
DD / MM / YYYY (date must be in this format)
Nephrostomy _____

DD / MM / YYYY (date must be in this format)

Bilateral nephrostomy _____
DD / MM / YYYY (date must be in this format)
Embolisation procedure _____
DD / MM / YYYY (date must be in this format)

Adjunct Treatments
Palliative radiotherapy (pelvic or upper tract) _____
DD / MM / YYYY (date must be in this format)

Treatment course radiotherapy (radical) _____
DD / MM / YYYY (date must be in this format)

Hyperbaric oxygen therapy _____
DD / MM / YYYY (date must be in this format)

Total number of days between admission and first Rigid cystoscopy +- washout +- biopsy Calendar days Note: This value is being calculated from the unsavable date of admission and date of discharge above _____

Is the calculated total number of days between admission and first Rigid cystoscopy +- washout +- biopsy correct Yes No

Total number of days between admission and first Rigid cystoscopy + ureteric stent Calendar days Note: This value is being calculated from the unsavable date of admission and date of discharge above _____

Is the calculated total number of days between admission and first Rigid cystoscopy + ureteric stent correct Yes No

Total number of days between admission and first Transurethral Resection of a Bladder Tumour (TURBT) Calendar days Note: This value is being calculated from the unsavable date of admission and date of discharge above _____

Is the calculated total number of days between admission and first Transurethral Resection of a Bladder Tumour (TURBT) correct Yes No

Total number of days between admission and first rigid cystoscopy and any Bladder Outflow Operation (e.g. TURP, HoLEP) Calendar days Note: This value is being calculated from the unsavable date of admission and date of discharge above _____

Is the calculated total number of days between admission and first rigid cystoscopy and any Bladder Outflow Operation (e.g. TURP, HoLEP) correct Yes No

Total number of days between admission and first Ureteroscopy (URS/FURS/RIRS) Calendar daysNote: This value is being calculated from the unsavable date of admission and date of discharge above _____

Is the calculated total number of days between admission and first Ureteroscopy (URS/FURS/RIRS) Yes No

Total number of days between admission and first PCNL (percutaneous nephrolithotomy)Calendar daysNote: This value is being calculated from the unsavable date of admission and date of discharge above _____

Is the calculated total number of days between admission and first PCNL (percutaneous nephrolithotomy) correct Yes No

Total number of days between admission and first "Other, intermediate endoscopic procedure"Calendar daysNote: This value is being calculated from the unsavable date of admission and date of discharge above _____

Is the calculated total number of days between admission and first "Other, intermediate endoscopic procedure" correct Yes No

Total number of days between admission and first Open procedures of bladder (cystostomy), evacuation of clot +/- packingCalendar daysNote: This value is being calculated from the unsavable date of admission and date of discharge above _____

Is the calculated total number of days between admission and first Open procedures of bladder (cystostomy), evacuation of clot +/- packing correct Yes No

Total number of days between admission and first Other, intermediate open procedureCalendar daysNote: This value is being calculated from the unsavable date of admission and date of discharge above _____

Is the calculated total number of days between admission and first "Other, intermediate open procedure" correct Yes No

Total number of days between admission and first Cystectomy and/or ileal conduit diversion (or bladder reconstruction) Calendar daysNote: This value is being calculated from the unsavable date of admission and date of discharge above _____

Is the calculated total number of days between admission and first Cystectomy and/or ileal conduit diversion (or bladder reconstruction) correct Yes No

Total number of days between admission and first Prostatectomy, simple/radical (or pelvic reconstruction)Calendar daysNote: This value is being calculated from the unsavable date of admission and date of discharge above _____

Is the calculated total number of days between admission and first Prostatectomy, simple/radical (or pelvic reconstruction) correct Yes No

Total number of days between admission and first Major upper tract surgery (e.g. nephrectomy) interventionCalendar daysNote: This value is being calculated from the unsavable date of admission and date of discharge above _____

Is the calculated total number of days between admission and first Major upper tract surgery (e.g. nephrectomy) intervention correct Yes No

Total number of days between admission and first Flexible cystoscopy under local anaestheticinterventionCalendar daysNote: This value is being calculated from the unsavable date of admission and date of discharge above _____

Is the calculated total number of days between admission and first Flexible cystoscopy under local anaesthetic intervention correct Yes No

Total number of days between admission and first Biopsy of prostate interventionCalendar daysNote: This value is being calculated from the unsavable date of admission and date of discharge above _____

Is the calculated total number of days between admission and first Biopsy of prostate correct Yes No

Total number of days between admission and first Exchange/replacement nephrostomyCalendar daysNote: This value is being calculated from the unsavable date of admission and date of discharge above _____

Is the calculated total number of days between admission and first Exchange/replacement nephrostomy correct Yes No

Total number of days between admission and first Nephrostomy Calendar daysNote: This value is being calculated from the unsavable date of admission and date of discharge above _____

Is the calculated total number of days between admission and first Nephrostomy correct Yes No

Total number of days between admission and first Bilateral nephrostomyCalendar daysNote: This value is being calculated from the unsavable date of admission and date of discharge above

Is the calculated total number of days between admission and first Bilateral nephrostomy correct

Yes No

Total number of days between admission and first Embolisation procedureCalendar daysNote: This value is being calculated from the unsavable date of admission and date of discharge above

Is the calculated total number of days between admission and first Embolisation procedure correct

Yes No

Total number of days between admission and first Palliative radiotherapy (pelvic or upper tract)Calendar daysNote: This value is being calculated from the unsavable date of admission and date of discharge above

Is the calculated total number of days between admission and first Palliative radiotherapy (pelvic or upper tract) correct

Yes No

Total number of days between admission and first Treatment course radiotherapy (radical)Calendar daysNote: This value is being calculated from the unsavable date of admission and date of discharge above

Is the calculated total number of days between admission and first Treatment course radiotherapy (radical) correct

Yes No

Total number of days between admission and first Hyperbaric oxygen therapyCalendar daysNote: This value is being calculated from the unsavable date of admission and date of discharge above

Is the calculated total number of days between admission and first Hyperbaric oxygen therapy correct

Yes No

1

Index Procedure

Specify grade of clinician performing the primary intervention during the admission

Consultant/Attending urologist
 Non-consultant/non-attending urology doctor

Specify grade of clinician performing the primary intervention during the admissionSpecify location of consultant

Supervised scrubbed
 Supervised unscrubbed but present in theatre
 Performed with consultant in building/or in the hospital
 Performed with consultant not present within the hospital

Were there any complications as a result of the above intervention during the admission

Yes No

Clavien-Dindo scoreFor the most serious complication during this admission as a result of the procedures

- Grade IAny deviation from the normal post-operative course not requiring surgical, endoscopic or radiological intervention. This includes the need for certain drugs (e.g. antiemetics, antipyretics, analgesics, diuretics and electrolytes), treatment with physiotherapy and wound infections that are opened at the bedside
- Grade IIComplications requiring drug treatments other than those allowed for Grade I complications; this includes blood transfusion and total parenteral nutrition (TPN)
- Grade IIIaComplications requiring surgical, endoscopic or radiological intervention: intervention not under general anaesthetic
- Grade IIIbComplications requiring surgical, endoscopic or radiological intervention: intervention under general anaesthetic
- Grade IVaLife-threatening complications; this includes CNS complications (e.g. brain haemorrhage, ischaemic stroke, subarachnoid haemorrhage) which require intensive care, but excludes transient ischaemic attacks (TIAs): single-organ dysfunction (including dialysis)
- Grade IVbLife-threatening complications; this includes CNS complications (e.g. brain haemorrhage, ischaemic stroke, subarachnoid haemorrhage) which require intensive care, but excludes transient ischaemic attacks (TIAs): multi-organ dysfunction
- Grade VDeath of the patient

Were any intravesical adjuncts used to stop the bleeding during this admission (including during operations)?

Please select all that apply

- Alum
- Silver nitrate
- Formalin
- Hydrogen Peroxide
- GAG analogues
- Other
- None

if you used other adjuncts during cystoscopy, please specifySpecify other

Discharge

Death during index admission

Yes No

Death during index admission
Leading causative factor of death during admission

- Cardiac event
 Infection/septicemia
 Respiratory failure
 Acute renal failure
 Stroke or cerebrovascular accident
 Complications from surgery or medical procedure
 Multi-organ failure
 Cancer progression
 Bleeding or hemorrhage
 Pulmonary embolism or deep vein thrombosis
 Liver failure
 Other acute medical condition
 Unknown

Death during index admission
Date of discharge
Note: This value cannot be saved
DD/MM/YYYY (date must be in this format)

Total number of days between admission and date of discharge
Calendar days

Total number of days between admission and date of discharge correct

- Yes No

Was cause of death related to the haematuria episode admission

- Related
 Unrelated

Was patient's discharge delayed after they were medically fit in any way
This means once the patient is deemed medically fit for discharge, they could not be discharged due to some other issue e.g. social reasons. Medically fit means there do not require any more intervention from a medical perspective or any further input from the medical team

- Yes
 No

Was patient's discharge delayed after they were medically fit in any way
Date patient was deemed medically fit for discharge
DD/MM/YYYY (date must be in this format)

Total number of days between admission and date patient was deemed medically fit for discharge
Calendar days

Total number of days between admission and date patient was deemed medically fit for discharge correct

- Yes
 No

The number of days is calculated between this date and the date of admission (entered top of form). If the calculated number of days is incorrect, the above dates may need to be changed.
Once calculated number of days is correct, please change "Is the calculated total number of days" question to Yes.

Status of the haematuria on discharge

- No further haematuria (urine clear), no clots
 Haematuria present but mild (urine rose in colour), no clots
 Haematuria present moderate to severe (dark, old blood), no clots
 Haematuria and clots both still present at discharge
 Haematuria status not documented prior to discharge

Patient sent home with a catheter Yes No

Patient sent home with a catheterType of catheter 2 way short term catheter with a plan to remove the catheter within a defined time period (trial without catheter)
 2 way long term catheter (no plan to remove catheter, regular catheter changes planned)
 3 way catheter

Cause of haematuria

Was a underlying diagnosis obtained for the haematuria during admission Yes No
 This means the haematuria was attributed to a clear cause without the need for further investigations

Was haematuria diagnosed during admissionDate of haematuria diagnosis DD/MM/YYYY (date must be in this format)

Total number of days between admission and date of haematuria diagnosisCalendar days _____

Total number of days between admission and date of haematuria diagnosis correct Yes No

The number of days is calculated between this date and the date of admission (top of form) If the calculated number of days is incorrect, the above dates may need to be changed
 Once calculated number of days is correct, please change "Is the calculated total number of days" question to Yes

Underlying cause(s) of haematuria established during this admissionUnderlying cause(s) of haematuria CauseCause for haematuria this admissionDiagnosis knownPrimary causeBenignRadiation
 cystitis _____ Benign prostatic enlargement _____ Urinary tract stones _____ Urinary tract infection _____ Postoperative haematuria (within 4-6 weeks of urological surgery) _____ Catheter associated haematuria e.g. decompression haematuria _____ Other benign _____ MalignantMalignancy _____

Underlying cause of the haematuria: Postoperative haematuriaPrecipitating surgery causing postoperative haematuria Transurethral Resection of Bladder Tumour
 Benign Prostatic Enlargement surgery e.g. Transurethral resection of Prostate, Holmium Enucleation of Prostate, Simple prostatectomy etc
 Ureteroscopy
 Cystoscopy +/- additional procedure
 Radical prostatectomy
 Nephrectomy (simple/radical/partial)
 Other

Underlying cause of haematuria: MalignancyPrimary type of malignancy causing haematuriaIf there were malignant causes of haematuria, please select all that apply Renal Cell Cancer
 Bladder cancer
 Upper tract urothelial cancer
 Prostate Cancer
 Penile Cancer
 Testis Cancer
 Non-urological cancer

Underlying cause of haematuria: MalignancyWas patient newly diagnosed with metastatic disease of urological origin during admission Yes No

Was patient newly diagnosed with metastatic disease of urological origin during admission
Date metastatic disease diagnosed
DD/MM/YYYY (ensure date is in this format)

Total number of days between admission and date
metastatic disease diagnosed Calendar days

Total number of days between admission and date
metastatic disease diagnosed correct

Yes No

The number of days is calculated between this date and the date of admission (entered top of form). If the calculated number of days is incorrect, the above dates may need to be changed.

Once calculated number of days is correct, please change "Is the calculated total number of days" question to Yes.

Future investigations / procedures

Procedures booked as an outpatient

Imaging Diagnostic Urology procedures

Major operations IR Adjunct treatment

Quality Check: Length of Stay

Please manually calculate the length of stay (for
quality check) In calendar days

WARNING

The data entry on this form is not complete until the next form is unlocked

Click "Save & Go to next form" & correct any missing data (if applicable). Once there is no missing data, the next form will be unlocked. You can then "Save & Go to next form" to proceed to the mandatory data quality check.

If you do not complete the data quality check, you will not be able to enter follow-up data.

If you experience a "Data Quality rule" violation, it means that some dates may exceed the length of stay.

Please contact us on slack or at washout@bursturology.com if troubleshooting needed.

Form 3: Quality check (if this is locked, data entry for admission is INCOMPLETE)

WASHOUT Study Data quality check

To provide feedback or to report an issue, please email washout@bursturology.com

You do not have entries for BOTH manual and automatic total length of stay (in days)
Both entries are necessary for this record to be verified

Automatic date is calculated from date of admission and discharge (start of Form 2) & manual is at end of Form 2
Please return now to form 2 to complete this

ERROR The automatically calculated Length of stay ([pfa_adm_los] days)

DOES NOT MATCH

your manually calculated length of stay ([los_manual] days) You need to return to Form 2 & ensure both figures are matching for record to be verified

Please select the form in the sidebar on the left:

Summary of Length of Stay Outcome

The automatically calculated length of stay (from date of admission to date of discharge) is: [pfa_adm_los] days

The manually calculated length of stay (last question for quality check) was: [los_manual] days These entries match & are now verified in database If both entries match, but are both incorrect, please return now to Form 2 to amend them both.

Data quality check has been completed

You will be required to enter follow-up data at 90 days on this patient

Please store a local key (e.g. spreadsheet) containing hospital number of patient and REDCAP record number

The REDCAP record number for this entry is "[record-name]"

Please now mark this form as "complete" below & "save & exit" This will mean all collaborators at your site can see status from record dashboard

Form 4: Follow-up outcomes (to be completed at 90 days)

WASHOUT Study Outcome During Follow-up

To provide feedback or to report an issue, please email washout@bursturology.com

Date of dischargeNote: This value cannot be saved

Follow-Up

The follow-up period is calculated at 90-days from the date of discharge from hospital (of the index admission)

Date this form was completed

Total number of days between discharge and date this form was completedCalendar days

Total number of days between discharge and date this form was completed correct

Yes No

The number of days is calculated between the date of discharge and today.
If the calculated number of days is incorrect, the date of discharge may need to be changed.

Once calculated number of days is correct, please change "Is the calculated total number of days" question to Yes.

You are entering data less than 90 days after discharge. Please note that the protocol for the study is to wait until this time, though you may proceed if you wish based on intention to treat

Did patient die during the follow-up period

Yes No

Did patient die during the follow-up periodDate of deathNote: This value cannot be saved

Total number of days between discharge and date of deathCalendar days

Total number of days between discharge and date of death correct

Yes No

The number of days is calculated between this date and the date of discharge (entered top of form). If the calculated number of days is incorrect, the above dates may need to be changed.
Once calculated number of days is correct, please change "Is the calculated total number of days" question to Yes.

Did patient die during the follow-up periodWas the cause of death unrelated to the haematuria admission episode

Yes No

Was the patient alive at the 90-day follow-up after date of dischargeIs cause of death known

Yes No

Is cause of death known? What was the primary cause of death

- Cardiac event
- Infection/septicemia
- Respiratory failure
- Acute renal failure
- Stroke or cerebrovascular accident
- Complications from surgery or medical procedure
- Multi-organ failure
- Cancer progression
- Bleeding or hemorrhage
- Pulmonary embolism or deep vein thrombosis
- Liver failure
- Other acute medical condition
- Unknown

Did the patient develop any thromboembolic complications either during the followup period?

Thromboembolic Complications Developed in Follow Up Period

Deep vein thrombosis _____

Pulmonary embolism _____

Cerebrovascular accident (stroke) or transient ischaemic attack _____

Readmission

Was the patient re-admitted as an emergency with haematuria at any point during the follow-up period? During follow-up period. Note: This excludes readmission for elective/planned/scheduled procedures

- Yes, one readmission
- Yes, more than one readmission
- No

Was the patient re-admitted as an emergency with haematuria at any point during the follow-up period? Was the cause of haematuria the same as the first admission

- Yes
- No

Was the patient re-admitted as an emergency with haematuria at any point during the follow-up period? Date of first readmission. Note: This value cannot be saved

Total number of days between discharge and date of first readmission. Calendar days

Total number of days between discharge and date of first readmission correct

- Yes
- No

The number of days is calculated between this date and the date of discharge (entered top of form). If the calculated number of days is incorrect, the above dates may need to be changed.

Once calculated number of days is correct, please change "Is the calculated total number of days" question to Yes.

Was the patient re-admitted with the same or similar issue? How many times was the patient readmitted in the 90-day follow-up period?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9+

Was the patient re-admitted with the same or similar issue Following discharge from index admission, calculate the total number of inpatient days the patient accrued from readmissions over the 90-day follow-up period Accrued over 90-day period related to readmission(s) Please note: Do not add the index or primary admission length of stay to this number Please also include any days spent in hospital as a readmission related to haematuria or events of index admission Email us to ask if further questions

Was the patient re-admitted with the same or similar issue Following discharge from index admission, calculate the total number of inpatient days the patient accrued from readmissions over the 90-day follow-up period that were related to the haeamaturia episode Subject to decision making of the collaborator

Investigations & procedures performed

Did the patient have any imaging for haematuria during the 90 day period Yes No

Did the patient have any imaging for haematuria during the admission What radiological investigations were performed during the follow-up period. (Includes imaging performed as an outpatient or during re-admissions)
Investigation Performed
Amount of times performed

- Ultrasound kidneys and bladder (bedside or radiological) _____
- Non-contrast computed tomography (CT / CT KUB) _____
- Contrast-enhanced computed tomography (e.g. CT-urogram) _____
- Magnetic resonance imaging (e.g. MRI scan of urinary tract) _____
- Bone scan (nuclear med) _____
- Renogram _____
- FDG-PET _____
- PSMA-PET _____
- Plain X-ray (CXR, or abdomen) _____

Procedures performed during follow-up period Intervention

Performed Frequency Date First Procedure	Endo-urology procedures
Rigid cystoscopy +/- biopsy _____	Rigid cystoscopy + ureteric stent _____
Transurethral Resection of a Bladder Tumour (TURBT) _____	Bladder outlet surgery (e.g. TURP, HoLEP) _____
Ureteroscopy (URS/FURS/RIRS) _____	PCNL (percutaneous nephrolithotomy) _____
Other, intermediate endoscopic procedure _____	Open Procedures
Open procedures of bladder (cystostomy), evacuation of clot +/- packing _____	Other, intermediate open procedure _____
Major or Complex Surgery	
Cystectomy and/or ileal conduit diversion (or bladder reconstruction) _____	Prostatectomy, simple/radical (or pelvic reconstruction) _____
Major upper tract surgery (e.g. nephrectomy) _____	
Diagnostic/Ambulatory	
Flexible cystoscopy under local anaesthetic _____	Biopsy of prostate (e.g. transperineal biopsy) _____
Urodynamics / cystometrogram _____	Interventional radiology
Exchange/replacement nephrostomy _____	Nephrostomy _____
Bilateral nephrostomy _____	Embolisation of bleeding vessels _____
Adjunct Treatments	Palliative radiotherapy (pelvic or upper tract) _____
Treatment course radiotherapy (radical) _____	Hyperbaric oxygen therapy _____

Total number of days between admission and first Rigid cystoscopy +/- washout +/- biopsy Calendar days Note: This value is being calculated from the unsavable date of admission and date of discharge above

Is the calculated total number of days between admission and first Rigid cystoscopy +/- washout +/- biopsy correct Yes No

Total number of days between admission and first Rigid cystoscopy + ureteric stentCalendar daysNote: This value is being calculated from the unsavable date of admission and date of discharge above _____

Is the calculated total number of days between admission and first Rigid cystoscopy + ureteric stent correct Yes No

Total number of days between admission and first Transurethral Resection of a Bladder Tumour (TURBT)Calendar daysNote: This value is being calculated from the unsavable date of admission and date of discharge above _____

Is the calculated total number of days between admission and first Transurethral Resection of a Bladder Tumour (TURBT) correct Yes No

Total number of days between admission and first rigid cystoscopy and any Bladder Outflow Operation (e.g. TURP, HoLEP)Calendar daysNote: This value is being calculated from the unsavable date of admission and date of discharge above _____

Is the calculated total number of days between admission and first rigid cystoscopy and any Bladder Outflow Operation (e.g. TURP, HoLEP) correct Yes No

Total number of days between admission and first Ureteroscopy (URS/FURS/RIRS) Calendar daysNote: This value is being calculated from the unsavable date of admission and date of discharge above _____

Is the calculated total number of days between admission and first Ureteroscopy (URS/FURS/RIRS) Yes No

Total number of days between admission and first PCNL (percutaneous nephrolithotomy)Calendar daysNote: This value is being calculated from the unsavable date of admission and date of discharge above _____

Is the calculated total number of days between admission and first PCNL (percutaneous nephrolithotomy) correct Yes No

Total number of days between admission and first "Other, intermediate endoscopic procedure"Calendar daysNote: This value is being calculated from the unsavable date of admission and date of discharge above _____

Is the calculated total number of days between admission and first "Other, intermediate endoscopic procedure" correct Yes No

Total number of days between admission and first Open procedures of bladder (cystostomy), evacuation of clot +/- packing Calendar days Note: This value is being calculated from the unsavable date of admission and date of discharge above _____

Is the calculated total number of days between admission and first Open procedures of bladder (cystostomy), evacuation of clot +/- packing correct Yes No

Total number of days between admission and first Other, intermediate open procedure Calendar days Note: This value is being calculated from the unsavable date of admission and date of discharge above _____

Is the calculated total number of days between admission and first "Other, intermediate open procedure" correct Yes No

Total number of days between admission and first Cystectomy and/or ileal conduit diversion (or bladder reconstruction) Calendar days Note: This value is being calculated from the unsavable date of admission and date of discharge above _____

Is the calculated total number of days between admission and first Cystectomy and/or ileal conduit diversion (or bladder reconstruction) correct Yes No

Total number of days between admission and first Prostatectomy, simple/radical (or pelvic reconstruction) Calendar days Note: This value is being calculated from the unsavable date of admission and date of discharge above _____

Is the calculated total number of days between admission and first Prostatectomy, simple/radical (or pelvic reconstruction) correct Yes No

Total number of days between admission and first Major upper tract surgery (e.g. nephrectomy) intervention Calendar days Note: This value is being calculated from the unsavable date of admission and date of discharge above _____

Is the calculated total number of days between admission and first Major upper tract surgery (e.g. nephrectomy) intervention correct Yes No

Total number of days between admission and first Flexible cystoscopy under local anaesthetic intervention Calendar days Note: This value is being calculated from the unsavable date of admission and date of discharge above _____

Is the calculated total number of days between admission and first Flexible cystoscopy under local anaesthetic intervention correct Yes No

Total number of days between admission and first Biopsy of prostate interventionCalendar daysNote: This value is being calculated from the unsavable date of admission and date of discharge above _____

Is the calculated total number of days between admission and first Biopsy of prostate correct Yes No

Total number of days between admission and first Exchange/replacement nephrostomyCalendar daysNote: This value is being calculated from the unsavable date of admission and date of discharge above _____

Is the calculated total number of days between admission and first Exchange/replacement nephrostomy correct Yes No

Total number of days between admission and first Nephrostomy Calendar daysNote: This value is being calculated from the unsavable date of admission and date of discharge above _____

Is the calculated total number of days between admission and first Nephrostomy correct Yes No

Total number of days between admission and first Bilateral nephrostomyCalendar daysNote: This value is being calculated from the unsavable date of admission and date of discharge above _____

Is the calculated total number of days between admission and first Bilateral nephrostomy correct Yes No

Total number of days between admission and first Embolisation procedureCalendar daysNote: This value is being calculated from the unsavable date of admission and date of discharge above _____

Is the calculated total number of days between admission and first Embolisation procedure correct Yes No

Total number of days between admission and first Palliative radiotherapy (pelvic or upper tract)Calendar daysNote: This value is being calculated from the unsavable date of admission and date of discharge above _____

Is the calculated total number of days between admission and first Palliative radiotherapy (pelvic or upper tract) correct Yes No

Total number of days between admission and first Treatment course radiotherapy (radical) Calendar days
Note: This value is being calculated from the unsavable date of admission and date of discharge above

Is the calculated total number of days between admission and first Treatment course radiotherapy (radical) correct

Yes No

Total number of days between admission and first Hyperbaric oxygen therapy Calendar days
Note: This value is being calculated from the unsavable date of admission and date of discharge above

Is the calculated total number of days between admission and first Hyperbaric oxygen therapy correct

Yes No

Total number of days between admission and first Hyperbaric oxygen therapy Calendar days
Note: This value is being calculated from the unsavable date of admission and date of discharge above

Is the calculated total number of days between admission and first Hyperbaric oxygen therapy correct

Yes No

Did the patient have any of the following treatments for radiation cystitis during the follow-up period?

- Oral medications i.e. Pentosan polysulfate (Elmiron)
 Intravesical agents - i.e. glycosaminoglycan (GAG) analogues / cystistat
 Hyperbaric oxygen therapy
 Nephrostomy/stent for radiation-induced stricture
 Embolization of bladder
 None of the above
-

Haematuria

Was the underlying cause for this episode of haematuria diagnosed during follow up period?
This refers to an cause found without the need for any further investigations.

Yes No

This refers to a new diagnosis made either in outpatient clinic, MDT meeting, or readmission

Was haematuria diagnosed during follow up period Date of haematuria diagnosis

Total number of days between discharge and date of haematuria diagnosis Calendar days

Total number of days between discharge and date of haematuria diagnosis correct

Yes No

The number of days is calculated between this date and the date of discharge (entered top of form). If the calculated number of days is incorrect, the above dates may need to be changed.

Once calculated number of days is correct, please change "Is the calculated total number of days" question to Yes.

Was haematuria diagnosed during follow up period Yes No
 Underlying cause(s) of haematuria established during this follow up period

Underlying cause(s) of haematuria established during this follow up period
 Cause Established Diagnosis known Primary cause Benign Radiation cystitis _____ Benign prostatic enlargement _____ Urinary tract stones _____ Urinary tract infection _____ Postoperative haematuria (within 4-6 weeks of urological surgery) _____ Catheter associated haematuria e.g. decompression haematuria _____ Other benign _____ Malignant Malignancy _____

Underlying cause of the haematuria: Postoperative haematuria
 Precipitating surgery causing postoperative haematuria

- Transurethral Resection of Bladder Tumour
 Benign Prostatic Enlargement surgery e.g. Transurethral resection of Prostate, Holmium Enucleation of Prostate, Simple prostatectomy etc
 Ureteroscopy
 Cystoscopy +/- additional procedure
 Radical prostatectomy
 Nephrectomy (simple/radical/partial)
 Other

Underlying cause of haematuria: Malignancy Primary type of malignancy causing haematuria
 If there were malignant causes of haematuria, please select all that apply

- Renal Cell Cancer
 Bladder cancer
 Ureteric/renal pelvis cancer
 Prostate Cancer
 Penile Cancer
 Testis Cancer
 Non-urological cancer

Underlying cause of haematuria: Malignancy Was patient newly diagnosed with metastatic disease of urological origin during follow up period Yes No

Was patient newly diagnosed with metastatic disease of urological origin during follow up period Date metastatic disease diagnosed _____

Total number of days between discharge and date metastatic disease diagnosed Calendar days _____

Total number of days between discharge and date metastatic disease diagnosed correct Yes No

The number of days is calculated between this date and the date of discharge (entered top of form). If the calculated number of days is incorrect, the above dates may need to be changed.

Once calculated number of days is correct, please change "Is the calculated total number of days" question to Yes.

Form 5: Follow-up data quality check (if this is locked, data entry for follow-up is INCOMPLETE)

Do not delete this instrument it will change the javascript

It will need to be updated by 90 days of follow-up