

Surgeon ID: _____ Patient ID: _____ Date: ___/___/___
DD MM YYYY

I. Menses: LMP: ___/___/___
DD MM YYYY Cycle day: ___ Currently bleeding? No Yes

II. Current hormonal treatment: No Do not know Yes
 COCP POP Depot progestin
 GnRH agonist GnRH antagonist IUCD
 Other _____
 Last application: ___/___/___
DD MM YYYY

III. Previous surgical diagnosis of endometriosis: No Do not know Yes
 If Yes: 1) Hospital? _____ When? ___/___/___ Procedure(s)? _____
DD MM YYYY
 2) Hospital? _____ When? ___/___/___ Procedure(s)? _____
DD MM YYYY
 3) Hospital? _____ When? ___/___/___ Procedure(s)? _____
DD MM YYYY

IV. Imaging prior to surgery: No Yes
 Ultrasound Dates: ___/___/___
DD MM YYYY
 MRI Dates: ___/___/___
DD MM YYYY
 Findings:
 Cyst(s) left size: 1. ___cm 2. ___cm 3. ___cm
 Cyst(s) right size: 1. ___cm 2. ___cm 3. ___cm
 Rectovaginal nodule
 Bladder nodule
 Ureter involvement
 Left
 Right
 Uterine anomalies
 Fibroids
 Polyps
 Adenomyosis
 Other: _____

V. Procedures: Total surgical time: ___ ___ min.
 Uterine cavity surgery Hysteroscopy before laparoscopy: No Yes
 Hysteroscopy after laparoscopy: No Yes
 Findings: Normal
 Abnormal: _____
 Diagnostic Hysteroscopy
 Polypectomy
 Resection of fibroid
 Resection of endometrium
 Resection of septum/adhesions
 Other _____

VI. At conclusion of surgery: Residual peritoneal endometriosis? No Yes Location(s) _____
 Residual adhesions? No Yes Location(s) _____
 Residual endometriomas? No Yes Location(s) _____
 Residual nodules? No Yes Location(s) _____

VII. Intraoperative complications: No Yes
 Type(s): _____
 Treatment(s): _____

VIII. Any pathology observed during surgery: No Yes → If no: end of questionnaire
Visual diagnosis of endometriosis: No Yes → If no: go to question XII
Specify which type seen Peritoneal
 Ovarian
 Deeply infiltrative

Peritoneum	Endometriosis		<1cm	1-3cm	>3cm
		superficial		1 <input type="checkbox"/>	2 <input type="checkbox"/>
	deep		2 <input type="checkbox"/>	4 <input type="checkbox"/>	6 <input type="checkbox"/>
ovary	Left	superficial	1 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>
		deep	4 <input type="checkbox"/>	16 <input type="checkbox"/>	20 <input type="checkbox"/>
	Right	superficial	1 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>
		deep	4 <input type="checkbox"/>	16 <input type="checkbox"/>	20 <input type="checkbox"/>
Pouch of Douglas obliteration		Partial	Complete		
		4 <input type="checkbox"/>	40 <input type="checkbox"/>		
ovary	Adhesions		<1/3 enclosure	1/3 – 2/3	>2/3 enclosure
	Left	filmy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>
		dense	4 <input type="checkbox"/>	8 <input type="checkbox"/>	16 <input type="checkbox"/>
	Right	filmy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>
dense		4 <input type="checkbox"/>	8 <input type="checkbox"/>	16 <input type="checkbox"/>	
tube	Left	filmy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>
		dense	4 <input type="checkbox"/> *	8 <input type="checkbox"/> *	16 <input type="checkbox"/>
	Right	filmy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>
		dense	4 <input type="checkbox"/> *	8 <input type="checkbox"/> *	16 <input type="checkbox"/>

Revised American Fertility Society Score
 * If the fimbriated end of the fallopian tube is completely enclosed, change the point assignment to 16

Mark the total area of endometriosis, possibly of multiple lesions, NOT just the largest lesion

Deeply infiltrative endometriosis (DIE) No Yes

Pelvic side wall Left Right
 Ureter Left Right
 Posterior Cul-de-sac (Pouch of Douglas)
 Rectum
 Sigmoid
 Bladder
 Parametrium
 Uterosacral ligament Left Right
 Vagina
 Other _____

IX. Location of endometriosis, number and appearance of lesions:

LEFT SIDE

Location of Endometriosis	Lesion Size (please circle) A = <1cm B = 1 – 3 cm C = >3cm							Adhesions (please check)				
	Vascular	Clear	Yellow	Red	White	Blue/Black	Brown	Filmy	Web	Thin	Dense	Sac Like
Left pelvic sidewall <input type="checkbox"/>	A B C	A B C	A B C	A B C	A B C	A B C	A B C					
Left utero-sacral ligament <input type="checkbox"/>	A B C	A B C	A B C	A B C	A B C	A B C	A B C					
Left ovary – serosa <input type="checkbox"/>	A B C	A B C	A B C	A B C	A B C	A B C	A B C					
Left tube – serosa <input type="checkbox"/>	A B C	A B C	A B C	A B C	A B C	A B C	A B C					
Others <input type="checkbox"/> _____	A B C	A B C	A B C	A B C	A B C	A B C	A B C					
Others <input type="checkbox"/> _____	A B C	A B C	A B C	A B C	A B C	A B C	A B C					

RIGHT SIDE

Location of Endometriosis	Lesion Size (please circle) A = <1cm B = 1 – 3 cm C = >3cm							Adhesions (please check)				
	Vascular	Clear	Yellow	Red	White	Blue/Black	Brown	Filmy	Web	Thin	Dense	Sac Like
Right pelvic sidewall <input type="checkbox"/>	A B C	A B C	A B C	A B C	A B C	A B C	A B C					
Right utero-sacral ligament <input type="checkbox"/>	A B C	A B C	A B C	A B C	A B C	A B C	A B C					
Right ovary – serosa <input type="checkbox"/>	A B C	A B C	A B C	A B C	A B C	A B C	A B C					
Right tube – serosa <input type="checkbox"/>	A B C	A B C	A B C	A B C	A B C	A B C	A B C					
Others <input type="checkbox"/> _____	A B C	A B C	A B C	A B C	A B C	A B C	A B C					
Others <input type="checkbox"/> _____	A B C	A B C	A B C	A B C	A B C	A B C	A B C					

CENTRAL AREA

Location of Endometriosis	Lesion Size (please circle) A = <1cm B = 1 – 3 cm C = >3cm							Adhesions (please check)				
	Vascular	Clear	Yellow	Red	White	Blue/Black	Brown	Filmy	Web	Thin	Dense	Sac Like
Uterovesical pouch/ Anterior cul-de-sac <input type="checkbox"/>	A B C	A B C	A B C	A B C	A B C	A B C	A B C					
Pouch of Douglas/ Posterior cul-de-sac <input type="checkbox"/>	A B C	A B C	A B C	A B C	A B C	A B C	A B C					
Uterus – serosa <input type="checkbox"/>	A B C	A B C	A B C	A B C	A B C	A B C	A B C					
Bladder – deep infiltrating <input type="checkbox"/>	A B C	A B C	A B C	A B C	A B C	A B C	A B C					
Bladder – serosa <input type="checkbox"/>	A B C	A B C	A B C	A B C	A B C	A B C	A B C					
Colon – deep infiltrating <input type="checkbox"/>	A B C	A B C	A B C	A B C	A B C	A B C	A B C					
Colon – serosa <input type="checkbox"/>	A B C	A B C	A B C	A B C	A B C	A B C	A B C					
Vagina <input type="checkbox"/>	A B C	A B C	A B C	A B C	A B C	A B C	A B C					
Others <input type="checkbox"/> _____	A B C	A B C	A B C	A B C	A B C	A B C	A B C					
Others <input type="checkbox"/> _____	A B C	A B C	A B C	A B C	A B C	A B C	A B C					

Peritoneal pouches/pockets No Yes
 Location(s): _____
 Depth: _____ Diameter: _____

Diaphragm No Yes
 Left Describe: _____
 Right Describe: _____

Biopsy taken: No Yes
 Location(s): 1. _____ 2. _____ 3. _____
 4. _____ 5. _____ 6. _____

Control biopsy taken: No Yes
 Location(s): 1. _____ 2. _____ 3. _____

X. Endometrioma:

- No Yes
- Left size(s): 1. ___cm 2. ___cm 3. ___cm
- Right size(s): 1. ___cm 2. ___cm 3. ___cm
- Sent to histology
- Sample collected for research: Left Right

- XI. Endometriotic nodule:**
- | | | | | | |
|------------------|-----------------------------|------------------------------|--------------------------------|--------------------|--------------------|
| Pouch of Douglas | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Size* | ___ X ___ X ___ cm | ___ X ___ X ___ cm |
| Vagina | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Size* | ___ X ___ X ___ cm | ___ X ___ X ___ cm |
| Bladder | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Size* | ___ X ___ X ___ cm | ___ X ___ X ___ cm |
| Appendix | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Size* | ___ X ___ X ___ cm | ___ X ___ X ___ cm |
| Small bowel | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Size* | ___ X ___ X ___ cm | ___ X ___ X ___ cm |
| Sigmoid colon | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Size* | ___ X ___ X ___ cm | ___ X ___ X ___ cm |
| Rectum | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Size* | ___ X ___ X ___ cm | ___ X ___ X ___ cm |

- Location: _____
- Full thickness: No Yes No Yes
- Distance from anus (bowel nodule): _____cm _____cm
- * Clinical estimate

XII. Additional findings:

Fibroids (Myoma)

- No Yes
- | | | |
|-------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Submucous | <input type="checkbox"/> Number _____ | <input type="checkbox"/> Size* _____ cm _____ cm |
| | | <input type="checkbox"/> Size* _____ cm _____ cm |
| <input type="checkbox"/> Intramural | <input type="checkbox"/> Number _____ | <input type="checkbox"/> Size* _____ cm _____ cm |
| | | <input type="checkbox"/> Size* _____ cm _____ cm |
| <input type="checkbox"/> Subserous | <input type="checkbox"/> Number _____ | <input type="checkbox"/> Size* _____ cm _____ cm |
| | | <input type="checkbox"/> Size* _____ cm _____ cm |
- * Clinical estimate

Adhesions (w/o evidence of endometriosis) No Yes Location(s) _____

Filmy

Dense

Co-apted

Obstruction

Congenital anomaly No Yes → If yes, type(s) _____

Non-endometriotic ovarian cyst No Yes → If yes, side: Left Suspected type _____

Right Suspected type _____

Any other findings _____

- Procedure was: more complex/difficult than expected
- as complex/difficult as expected
- less complicated/difficult than expected

XIII. Endometriosis Fertility Index (EFI):

ENDOMETRIOSIS FERTILITY INDEX (EFI) SURGERY FORM

LEAST FUNCTION (LF) SCORE AT CONCLUSION OF SURGERY

Score	Description		Left	Right	
4 =	Normal	Fallopian Tube	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	
3 =	Mild Dysfunction	Fimbria	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	
2 =	Moderate Dysfunction	Ovary	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	
1 =	Severe Dysfunction				
0 =	Absent or Nonfunctional				
To calculate the LF score, add together the lowest score for the left side and the lowest score for the right side. If an ovary is absent on one side, the LF score is obtained by doubling the lowest score on the side with the ovary.			Lowest Score <input style="width: 30px; height: 20px;" type="text"/>	+ <input style="width: 30px; height: 20px;" type="text"/>	= <input style="width: 30px; height: 20px; border: 1px dashed black;" type="text"/>
			Left	Right	LF Score

ENDOMETRIOSIS FERTILITY INDEX (EFI)

Historical Factors			Surgical Factors		
Factor	Description	Points	Factor	Description	Points
<u>Age</u>			<u>LF Score</u>		
	If age is ≤ 35 years	2		If LF Score = 7 to 8 (high score)	3
	If age is 36 to 39 years	1		If LF Score = 4 to 6 (moderate score)	2
	If age is ≥ 40 years	0		If LF Score = 1 to 3 (low score)	0
<u>Years Infertile</u>			<u>AFS Endometriosis Score</u>		
	If years infertile is ≤ 3	2		If AFS Endometriosis Lesion Score is < 16	1
	If years infertile is > 3	0		If AFS Endometriosis Lesion Score is ≥ 16	0
<u>Prior Pregnancy</u>			<u>AFS Total Score</u>		
	If there is a history of a prior pregnancy	1		If AFS total score is < 71	1
	If there is no history of prior pregnancy	0		If AFS total score is ≥ 71	0
Total Historical Factors			Total Surgical Factors		
			<input style="width: 50px; height: 25px;" type="text"/>	+	<input style="width: 50px; height: 25px;" type="text"/>
EFI = TOTAL HISTORICAL FACTORS + TOTAL SURGICAL FACTORS:			= <input style="width: 50px; height: 25px; border: 2px solid black;" type="text"/>		
			Historical		Surgical
			EFI Score		