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Original Paper

DEVELOPMENT OF A CLINICAL PROFORMA FOR THE ASSESSMENT OF WOMEN WITH PELVIC ORGAN PROLAPSE UNDERGOING SURGICAL MANAGEMENT

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Pelvic organ prolapse (POP) prevalence can reach up to 50% in certain populations, with symptomatic POP causing a significant burden and diminishing the quality of life. Critical information is often omitted from medical records, and thus thorough assessment is essential for optimal surgical management. This study aimed to determine if implementing a POP-specific, evidence-based clinical proforma would increase the completeness of documentation for women undergoing surgical management. A retrospective audit was conducted, comparing the completeness of documentation from the existing general proforma group (n = 110) with a POP proforma group (n = 193). Completeness was assessed against 33 criteria. Documentation completeness either improved or remained unchanged across all criteria following proforma implementation. Key improvements included POP-Q staging documented in 100% (vs. 59.1% previously) and compartment measurements in 81.3% (vs. 37%) of preoperative records. The use of a structured, unified POP-specific proforma improved the completeness of clinical documentation, supporting the adoption of standardised assessment tools in urogynecological practice.

Keywords: *urogynecology, pelvic floor, medical documentation.*

INTRODUCTION

POP is defined as a downward anatomical change of pelvic organs (Haylen *et al*., 2016). The reported prevalence of POP in females ranges from 15% to 50% (Handa *et al*., 2004; Wilkins and Wu, 2017). However, the prevalence of symptomatic POP ranges from 3% to 12%. With an ageing population and rising rates of obesity, the burden of POP in countries is projected to increase (Mosca *et al*., 2022).

POP presents with a broad spectrum of symptoms that extend beyond gynaecological complaints. Most often, women complain of vaginal prolapse, lower urinary tract symptoms, anorectal symptoms, and sexual dysfunction symptoms (Haylen *et al*., 2016). The symptoms significantly diminish a woman's quality of life (Svihrova *et al*., 2014; Peinado Molina *et al*., 2023). It is estimated that a 50-year-old woman with POP can expect to lose 14.5 healthy years over her remaining lifetime (Svihrova *et al*., 2014). The multidimensional nature of POP underscores the importance of a comprehensive approach to patient evaluation, addressing not only anatomical defects but also associated symptoms and comorbidities (Zumrutbas, 2025).

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Literature has shown that POP patient evaluation lacks the comprehensive assessment approach necessary. Medical records often omit essential elements, such as prolapse staging with vaginal compartment description (Fayyad *et al*., 2007; Alas *et al*., 2015) and detailed symptom evaluation (Fayyad *et al*., 2007). Moreover, outcome reporting for POP surgery is primarily based on anatomical staging. While anatomical staging is important (Anger *et al*., 2013), symptom evaluation through patient-reported outcome measures (PROMs) and retreatment rates are increasingly recognised as essential indicators of surgical success (Kowalski *et al*., 2018). The incompleteness and poor quality of medical records are associated with adverse patient events (Zegers *et al*., 2011). Consequently, a thorough assessment is necessary in the case of POP to determine the optimal management plan (Anger *et al*., 2013; International Continence Society, 2020).

Standardised protocols and structured documentation tools such as checklists and proformas have been shown to improve the quality and completeness of medical records (American College of Obstetricians and Gynecologists, 2019). Their use has been associated with better documentation and improvements in patient care across multiple specialties (Mann and Williams, 2003). It has been shown that clinicians who report more data are more likely to detect adverse effects (Zegers *et al*., 2011). When implementing a structured proforma in surgical units, the completeness of documentation improved significantly (Ehsanullah *et al*., 2015; Bhanot *et al*., 2017; Bozbiyik *et al*., 2019). A similar benefit was demonstrated in a study of standardised proforma in a stroke unit, which showed that the mean item documentation completeness improved by 13.4% (Armstrong and Carpenter, 2022).

Given the lack of standardised and comprehensive documentation for women with POP, structured proformas may offer an opportunity to unify assessment in clinical practice and research. The aim of the study is to evaluate whether the implementation of a standardised, POP-specific proforma could improve the completeness of clinical documentation for women undergoing surgical management for pelvic organ prolapse.

MATERIALS AND METHODS

This study evaluated the completeness of medical documentation of women with pelvic organ prolapse before and after the introduction of an evidence-based, POP-specific proforma in patients undergoing surgical management. The study included the development of the proforma and criteria, followed by a retrospective review of documentation completed with and without the POP-specific proforma.

Establishing documentation criteria and proforma development. The first part of the study focused on establishing the clinical domains and tools essential for comprehensive documentation and evaluation of patients with POP. This process involved a literature review and consultations with clinicians experienced in the management of POP. The findings were used to develop a set of documentation criteria and to guide the structure of the proforma.

The review covered publications from PubMed and Google Scholar databases. Additionally, clinical guidelines, algorithms, and committee reviews from the International Continence Society (ICS) and the International Urogynecological Association were included in the review. Reference lists of materials included were screened for additional relevant studies. The review was limited to literature available in English.

The literature consistently highlighted parity, vaginal mode of delivery, advancing age, increased body mass index (BMI) (Jelovsek *et al*., 2007; Vergeldt *et al*., 2015; Schulten *et al*., 2022), as well as large infant birthweight and levator ani muscle defects (Schulten *et al*., 2022) as important risk factors for primary POP. Commonly reported symptoms included vaginal bulge and pressure sensations, urinary tract symptoms (urinary incontinence and obstructive symptoms), anorectal complaints (incomplete defecation, splinting, rectal urgency, and post-defecatory soiling), and sexual dysfunction (dyspareunia, obstructed intercourse, vaginal laxity, and decreased sexual desire) (Haylen *et al*., 2016).

PROMs were identified as essential for evaluating symptom burden and patient experience (Bordeianou *et al*., 2020), in accordance with the ICS POP algorithm (International Continence Society, 2020). The International Consultation on Incontinence Questionnaire–Urinary Incontinence Short Form (ICIQ-UI SF), Pelvic Floor Distress Inventory–20 (PFDI-20), and the Female Sexual Function Index (FSFI) are validated tools used widely in clinical practice and research for pelvic floor disorders (Bordeianou *et al*., 2020). The ICIQ-UI SF is used to evaluate urinary incontinence and its impact on the quality of life, and PDFI-20 to quantify the degree of bother caused by urinary, anorectal, and prolapse-related symptoms (Avery *et al*., 2004). FSFI is used to assess sexual function across six domains (Rosen *et al*., 2000).

The Pelvic Organ Prolapse Quantification (POP-Q) and the Baden–Walker grading systems are two commonly used methods for prolapse documentation (Raju and Linder, 2021). The POP-Q system was used in this study as it is recommended in the ICS POP algorithm (International Continence Society, 2020) and had been previously used by the clinic's staff. This method provides nine site-specific measurements referenced to the hymen (Bump *et al*., 1996), allowing objective staging and compartment evaluation necessary for management (Anger *et al*., 2013).

Based on the literature review of findings previously presented, the following criteria and proforma sections were created: risk factors (age, BMI, parity, infant birth weight, hysterectomy), symptom assessment with PROMs, and additional symptom-related questions for urinary incontinence symptoms and constipation, and POP-Q evaluation. The draft was reviewed by clinicians experienced in POP patient

care. Following their input, additional fields were incorporated, including urodynamic test results, cough stress testing, pre-existing comorbidities, and time since POP diagnosis. It was also suggested to divide the proforma into pre- and post-surgery sections with additional separate items (documentation of intraoperative complications, duration of surgery, blood loss, surgery-related chronic pelvic pain, mesh-related complications).

The final version of the proforma was prepared in the official governmental language, Latvian, as an electronic, printable document for clinical use. Translations in the Latvian language of ICIQ-UI SF, PFDI-20, and FSFI were provided with the proformas. An English translation of the proforma is presented in Figure 1 and Figure 2.

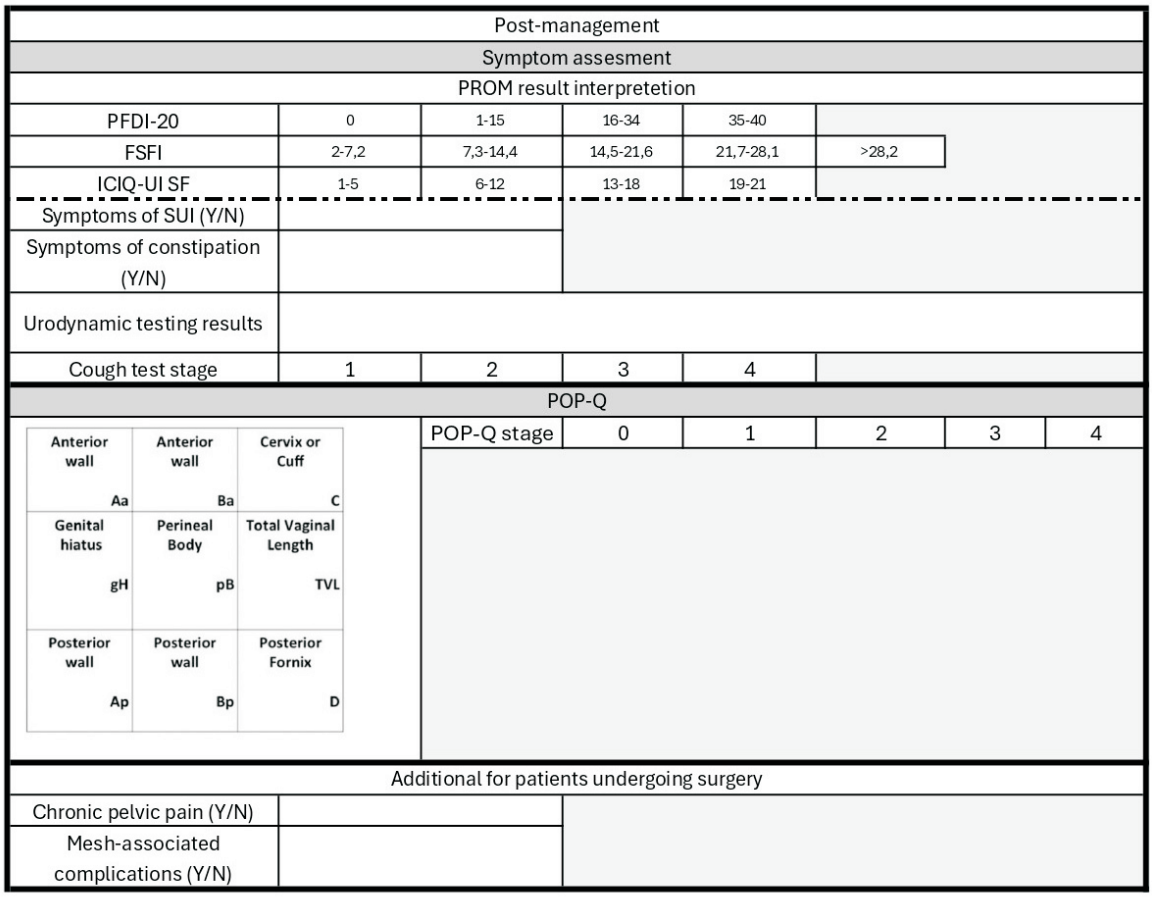
Proforma implementation. The POP-specific proforma (hereafter referred to as the POP proforma) was introduced to clinicians in a single healthcare facility. Before its introduction, the clinic used a general gynaecological admission proforma (hereafter referred to as the general proforma) for all inpatients, which did not include dedicated POP-related sections. This was the first time a standardised POP-specific examination proforma was introduced in this clinic.

Clinicians were encouraged to use the new proforma when assessing patients with POP-related symptoms during routine clinical encounters. Simultaneously, other clinicians continued to document patient assessments using the previously used general proforma. As such, documentation generated using both forms was produced concurrently during the same period.

Risk factors		Symptom assesment					
Age (years)		PROM result interpretetion					
Weight (Kg)		PFDI-20	0	1-15	16-34	35-40	
Hight (m)		FSFI	2-7,2	7,3-14,4	14,5-21,6	21,7-28,1	>28,2
BMI (Kg/m^2)		ICIQ-UI SF	1-5	6-12	13-18	19-21	
Parity		Symptoms of SUI (Y/N)					
Infant birthweight (g) *If unknown, indicate as "unknown"*		Symptoms of constipation (Y/N)					
Previous hysterectomy (Y/N)		Urodynamic testing results					
Smoking		Cough test stage	1	2	3	4	
POP-Q							
Anterior wall Aa / Anterior wall Ba / Cervix or Cuff C Genital hiatus gH / Perineal Body pB / Total Vaginal Length TVL Posterior wall Ap / Posterior wall Bp / Posterior Fornix D		POP-Q stage	0	1	2	3	4
Additional							
Time since POP diagnosis (years)							
Pre-existing comorbidities							
For patients undergoing surgical treatment							
Intraoperative complications							
Surgery duration (min)							
Surgery blood loss (ml)							

POP - pelvic organ prolapse; PROM - Patient-reported outcome measures; PFDI-20 - Pelvic Floor Distress Inventory–20; FSFI - Female Sexual Function Index; ICIQ-UI SF - International Consultation on Incontinence Questionnaire–Urinary Incontinence Short Form; BMI - body mass index; SUI - stress urinary incontinence; POP-Q - Pelvic Organ Prolapse Quantification

Fig. 1. Page one of POP-specific patient assessment proforma.



PROM - Patient-reported outcome measures; PFDI-20 - Pelvic Floor Distress Inventory–20; FSFI - Female Sexual Function Index; ICIQ-UI SF - International Consultation on Incontinence Questionnaire–Urinary Incontinence Short Form; SUI - stress urinary incontinence; POP-Q - Pelvic Organ Prolapse Quantification

Fig. 2. Page two of POP-specific patient assessment proforma.

Data collection and analysis. All documentation was reviewed retrospectively. Records were included if surgical management was documented as the planned treatment.

For documentation completed with the general proforma, cases were identified through the presence of POP in the diagnosis field, using ICD-10 codes N81–N81.9, O34.5, N99.3, Q64.7, or equivalent wording. All records completed with the POP proforma were included, as it was used exclusively for patients with POP.

The main measure was the completeness of documentation. Each record was reviewed using the previously established criteria in a checklist-based approach. A total of 33 documentation criteria were assessed. Each documentation record was reviewed, and each field was coded as "completed" or "not completed" (Table 1). An item was considered "complete" if any relevant information on that parameter was recorded. In cases of nulliparity, the "infant birth weight" field was excluded.

Given the quality improvement nature and number of audited records of this study, descriptive statistics were used for item completeness analysis (Table 1).

RESULTS

Between 1 September 2024 and 1 September 2025, a total of 303 medical records were reviewed. Of these, 110 were completed using the general admission proforma, and 193 were completed using the newly developed POP proforma.

When the general proforma was used, the POP-Q stage was recorded in 59.1% of cases, and individual compartment measurements were documented in only 37%. In contrast, when the POP proforma was used, the POP-Q stage was documented in all records (100%), and compartment measurements were completed in 81.3% of cases. The cough stress test was recorded in 9.1% of general proforma records and in 100% of POP proforma records.

PROMs were not used in any records completed with the general proforma. In contrast, PROMs were included in 84.5% of the POP proforma records. When using the general proforma, stress urinary incontinence (SUI) symptoms were documented in 57.2% and constipation symptoms in 76.4% of cases. Following implementation of the POP proforma, documentation rates increased to 79.3% for SUI symptoms and 88.6% for constipation.

Table 1. Documentation criteria and their completion rates using general and POP proformas

Criteria	Completed % (n)	Not completed % (n)	Completed % (n)	Not completed % (n)
	general proforma n = 110		POP proforma n = 193	
Age	100% (110)	0% (0)	100% (193)	0% (0)
Weight	100% (110)	0% (0)	100% (193)	0% (0)
Height	76.4% (84)	23.6% (26)	100% (193)	0% (0)
BMI	0% (0)	100% (110)	100% (193)	0% (0)
Parity	100% (110)	0% (0)	100% (193)	0% (0)
Infant birthweight	0% (0)	100% (110)	77.4% (113)	
Previous hysterectomy	75.5% (83)	24.5% (27)	100% (193)	0% (0)
Smoking	48.2% (53)	51.8% (57)	92.2% (178)	7.8% (15)
PFDI-20	0% (0)	100% (110)	84.5% (163)	15.5% (30)
FSFI	0% (0)	100% (110)	84.5% (163)	15.5% (30)
ICIQ-UI SF	0% (0)	100% (110)	84.5% (163)	15.5% (30)
Any PROM	0% (0)	100% (110)	84.5% (163)	15.5% (30)
Symptoms of SUI	57.2% (63)	42.7% (47)	79.3% (153)	20.7% (40)
Symptoms of constipation	76.4% (84)	23.6% (26)	88.6% (171)	11.4% (22)
Urodynamic testing results	20.9% (23)	79.1% (87)	63.2% (122)	36.8% (71)
Cough test stage	9.1% (10)	90.9% (100)	100% (193)	0% (0)
All POP-Q measurements	37.3% (41)	62.7% (69)	81.3% (157)	18.7% (36)
POP-Q stage	59.1% (65)	40.9% (45)	100% (193)	0% (0)
Time since POP diagnosis	48.2% (53)	51.8% (57)	100% (193)	0% (0)
Pre-existing comorbidities	100% (110)	0% (0)	100% (193)	0% (0)
Intraoperative complications	100% (110)	0% (0)	100% (193)	0% (0)
Surgery duration	100% (110)	0% (0)	100% (193)	0% (0)
Surgery blood loss	79.1% (87)	20.9% (23)	100% (193)	0% (0)
Post-surgery assessment				
Criteria	general proforma n = 84		POP proforma n = 142	
PFDI-20	0% (0)	100% (84)	87.3% (124)	12.7% (18)
FSFI	0% (0)	100% (84)	87.3% (124)	12.7% (18)
ICIQ-UI SF	0% (0)	100% (84)	87.3% (124)	12.7% (18)
Any PROM	0% (0)	100% (84)	87.3% (124)	12.7% (18)
Symptoms of SUI	58.3% (49)	41.7% (35)	69.7% (99)	30.3% (43)
Symptoms of constipation	61.9% (52)	38.1% (32)	85.2% (121)	14.8% (21)
Urodynamic testing results	8.3% (7)	91.7% (77)	88.0% (125)	12.0% (17)
Cough test stage	10.75 (9)	89.3% (75)	98.6% (140)	1.4% (2)
All POP-Q measurements	17.9% (15)	82.1% (69)	92.3% (131)	7.7% (11)
POP-Q stage	56.0% (47)	44.0% (37)	98.6% (140)	1.4% (2)
Chronic pelvic pain	38.1% (32)	61.9% (52)	85.2% (121)	14.8% (21)
Mesh-associated complications	2.4% (2)	97.6% (82)	87.3% (124)	12.7% (18)

POP - pelvic organ prolapse; PROM - patient-reported outcome measures; PFDI-20 - Pelvic Floor Distress Inventory–20; FSFI - Female Sexual Function Index; ICIQ-UI SF - International Consultation on Incontinence Questionnaire–Urinary Incontinence Short Form; BMI - body mass index; SUI - stress urinary incontinence; POP-Q - Pelvic Organ Prolapse Quantification

All records completed with the POP proforma included complete documentation of intraoperative complications, surgery duration, and estimated blood loss in all cases. When using the general proforma, intraoperative complications and surgery duration were consistently documented (100%), whereas blood loss was recorded in 79.1% of cases.

Postoperative follow-up visits were attended by 76.4% of patients whose initial assessment used the general proforma

and 73.6% of those assessed using the POP proforma. PROMs were not used during any postoperative visits documented with the general proforma, while they were completed in 64.2% of postoperative records that used the POP proforma.

DISCUSSION

This study aimed to evaluate whether the implementation of a standardised, POP-specific proforma improved the completeness of clinical documentation for women undergoing surgical management for pelvic organ prolapse. Following its introduction, the completeness of all assessed criteria either improved or remained unchanged. It is also necessary to understand whether its implementation improves a more detailed assessment of the clinical situation and, consequently, whether it improves the selection of the correct surgical treatment tactics and method.

Similar improvements in documentation quality have been observed across clinical specialties following the adoption of proformas. For example, Armstrong and Carpenter reported improved documentation completeness in a stroke unit following the introduction of a structured clerking proforma (Armstrong and Carpenter, 2022). Comparable effects have been described in surgical settings, supporting the concept that structured documentation tools are effective in improving the quality and consistency of medical documentation (Bhanot *et al*., 2017; Bozbiyik *et al*., 2019). In our institution, based on our data, we can confidently say that patient treatment tactics and method selection improve and patients receive appropriate surgical treatment for their clinical case, as well as an appropriate detailed multidisciplinary examination before surgery.

Records documented with the general proforma revealed frequent omissions in key elements of POP assessment, with the POP-Q stage documented in 59% of records and all POP compartment measurements in 37%. These results align with previous reports (Fayyad *et al*., 2007; Alas *et al*., 2015). Alas *et al*. reported that only 49% records had a complete compartment evaluation recorded preoperatively (Alas *et al*., 2014). Similarly, Fayyad *et al*. reported that POP staging with a validated tool was recorded in 43% of surgical cases, and all compartment evaluation pre-operatively was recorded in only 59% (Fayyad *et al*., 2007).

Following the implementation of the POP-specific proforma, documentation of prolapse anatomical description improved substantially. POP-Q staging was recorded in all cases (100%), and compartmental measurements were completed in 81.3%. A thorough preoperative assessment is fundamental for optimal POP management. Documentation of POP stage and compartmental involvement is critical for selecting appropriate management strategies (International Continence Society, 2020), as surgical treatment is indicated only for symptomatic prolapse of stage II or higher (Anger *et al*., 2013). Beyond guiding management decisions, standardised documentation also provides a foundation for evaluating surgical outcomes and long-term treatment success (Kowalski *et al*., 2018).

The incorporation of validated PROMs into the POP-specific proforma significantly improved the completeness of symptom documentation. PROMs were not documented in any records using the general proforma. However, they were used in 84.5% preoperatively and in 87.3% postoperatively when using the POP proforma. The absence of structured PROMs in the general proforma likely contributed to the under-reporting of several important symptom domains, particularly urinary, bowel, and sexual function. Fayyad *et al*. (2007) illustrated similar shortcomings when PROMs were not incorporated into clinical assessment. PROMs captured symptom information that was otherwise missing from records, particularly in areas such as the impact of prolapse on quality of life and sexual function. Only 15% of cases had adequate documentation of symptoms when compared with the domains included in the PROM, highlighting the limitations of unstructured documentation. These findings highlight the value of PROMs in symptom assessment in routine assessment.

This study has several limitations. The number of records available for review in both groups was limited, which restricts the statistical power to detect subtle differences in documentation rates. The evaluation focused solely on the completeness of documentation and did not assess clinical outcomes, patient satisfaction, or clinician perspectives following proforma implementation. Further research is warranted to determine whether improved documentation completeness translates into measurable improvements in patient outcomes, communication, and care quality.

CONCLUSION

In summary, the use of a structured, unified proforma improved the completeness of clinical documentation for women with pelvic organ prolapse undergoing surgery. The findings support broader use of standardised assessment tools to ensure comprehensive, consistent, and high-quality clinical documentation.

ETHICS

Approval was obtained from the Ethics Committee on Medical and Biomedical Research, Rīga East Clinical University Hospital, approval number: 16 - A/24. Additionally, the study was registered and received approval for implementation from the Scientific Institute of Pauls Stradiņš Clinical University Hospital. Furthermore, the study was registered in the international research registry of the Federal Institute for Drugs and Medical Devices, German Clinical Trials Register, in collaboration with the World Health Organisation, approval number DRKS-ID: DRKS00038206.

No identifiable patient or clinician data were collected. The POP proforma was used as part of routine clinical practice.

This study assessed the completeness of documentation and did not evaluate clinical management or outcomes.

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MEDICĪNISKĀS DOKUMENTĀCIJAS VEIDLAPAS IZSTRĀDE IEGURŅA ORGĀNU PROLAPSA NOVĒRTĒŠANAI ĶIRURĢISKĀS ĀRSTĒŠANAS GADĪJUMOS

Iegurņa orgānu prolapss (IOP) atsevišķās populācijās var sasniegt pat 50% prevalenci. Simptomātisks IOP rada būtisku slogu un mazina dzīves kvalitāti. Svarīga informācija bieži netiek iekļauta medicīniskajā dokumentācijā, toties rūpīgs izvērtējums ir nepieciešams optimālai ķirurģiskai ārstēšanai. Šī pētījuma mērķis bija noteikt, vai uz pierādījumiem balstītas IOP klīniskās veidlapas ieviešana, izvērtējot sievietes, kurām tiek veikta ķirurģiska IOP ārstēšana, uzlabotu medicīniskās dokumentācijas pilnīgumu. Tika veikts retrospektīvs apskats, salīdzinot aizpildi ar esošo dokumentācijas sistēmu (n = 110) un ar IOP jaunizveidoto dokumentācijas veidlapu (n = 193). Dokumentācijas tika vērtētas pēc 33 kritērijiem. Dokumentācijas aizpilde pēc veidlapas ieviešanas visos kritērijos vai nu uzlabojās, vai palika nemainīga. Būtiski uzlabojumi tika fiksēti POP-Q stadijas dokumentēšanā, 100% gadījumu, salīdzinot ar 59,1% iepriekš, kā arī nodalījumu mērījumos, kur dokumentācija tika aizpildīta 81,3% gadījumos, salīdzinājumā ar 37% iepriekš. Strukturētas, vienotas IOP specifiskas veidlapas izmantošana uzlaboja klīniskās dokumentācijas pilnīgumu, atbalstot standartizētu novērtēšanas rīku ieviešanu uroģinekoloģiskajā praksē.