Werf EPHEct Standard Surgical Form (EPHEct SSF)  

Supplemental Appendix I

Surgeon ID: ________________________  
Patient ID: ________________________  
Date: ___/___/____

I. Menses:  
LMP: ___/___/____  
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: ___/___/____

III. Previous surgical diagnosis of endometriosis:  □ No  □ Do not know  □ Yes
If Yes:  
1) Hospital? ______________  
When? ___/___/____  
Procedure(s)? ________________________
2) Hospital? ______________  
When? ___/___/____  
Procedure(s)? ________________________
3) Hospital? ______________  
When? ___/___/____  
Procedure(s)? ________________________

IV. Imaging prior to surgery:  □ No  □ Yes
□ Ultrasound Dates: ___/___/____
□ MRI Dates: ___/___/____
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  
Findings:  □ Normal  
□ Abnormal: ________________________
□ Diagnostic Hysteroscopy  
□ Polypectomy  
□ Resection of fibroid  
□ Resection of endometrium  
□ Resection of septum/adhesions  
□ Other ________________________
Ovarian surgery
- Surface: □ Excision  □ Ablation  □ Fulguration  □ Ovariolysis  □ Temporary suspension
- Left □ Right □ Both: □ Laser □ Monopolar □ Bipolar □ Plasmajet
- Left □ Right □ Both: □ Laser □ Monopolar □ Bipolar □ Plasmajet
- Oophorectomy  □ Ovarian cystectomy  □ Ovarian reconstruction  □ Cyst aspiration/drainage  □ Cyst ablation
- Left □ Right □ Both

Tubal surgery
- □ Fimbrioplasty  □ Tuboplasty  □ Lysis of adhesions (salpingolysis)  □ Salpingectomy
- Left □ Right □ Both

Peritoneum surgery
- □ Destruction of endometriosis, specify:
  □ Electrosurgery (monopolar)  □ Electrosurgery (bipolar)  □ Laser type: ____________
  □ Other: ____________
- □ Excision of endometriosis, specify:
  □ Scissors  □ Harmonic scalpel  □ Laser type: ____________
  □ Other: ____________
- Number of specimens: ________ □ Other: ____________
- Peritoneal fluid volume: ________ ml
- Peritoneal Fluid: □ Clear □ Bloody

Bladder surgery
- □ Viscera entered  □ No □ Yes □ Specify: ________________________________

Ureter surgery
- □ No □ Yes
  □ Left □ Right □ Both
- □ Ureterolysis left
  □ Mucosa entered  □ No □ Yes □ Specify: ________________________________
  □ Primary repair □ Segmental resection □ Psoas hitch □ Specify: ____________
  □ Ureterolysis right
  □ Mucosa entered  □ No □ Yes □ Specify: ________________________________
  □ Primary repair □ Segmental resection □ Psoas hitch □ Specify: ____________

Bowel surgery
- □ No □ Yes
  □ Mucosa entered  □ No □ Yes □ Specify: ________________________________
  □ Nodule removed
  □ Discectomy
  □ Bowel resection
  □ Appendectomy
  □ Other: ________________________________

Uterine surgery
- □ No □ Yes
  □ Hysterectomy
    □ Total □ Subtotal □ LAVH
    □ Other ________________________________
  □ Myomectomy

Other procedures
- ________________________________
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

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### Revised American Fertility Society Score

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

<table>
<thead>
<tr>
<th>Location of Endometriosis</th>
<th>Lesion Size (please circle)</th>
<th>Adhesions (please check)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A = &lt;1cm B = 1–3 cm C = &gt;3cm</td>
<td>Vascular Clear Yellow Red White Blue/Black Brown Filmy Web Thin Dense Sac Like</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left pelvic sidewall</td>
<td>A B C A B C A B C A B C A B C A B C A B C</td>
<td></td>
</tr>
<tr>
<td>Left utero-sacral ligament</td>
<td>A B C A B C A B C A B C A B C A B C</td>
<td></td>
</tr>
<tr>
<td>Left ovary – serosa</td>
<td>A B C A B C A B C A B C A B C A B C</td>
<td></td>
</tr>
<tr>
<td>Left tube – serosa</td>
<td>A B C A B C A B C A B C A B C A B C</td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td>A B C A B C A B C A B C A B C</td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td>A B C A B C A B C A B C</td>
<td></td>
</tr>
</tbody>
</table>

### RIGHT SIDE

<table>
<thead>
<tr>
<th>Location of Endometriosis</th>
<th>Lesion Size (please circle)</th>
<th>Adhesions (please check)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A = &lt;1cm B = 1–3 cm C = &gt;3cm</td>
<td>Vascular Clear Yellow Red White Blue/Black Brown Filmy Web Thin Dense Sac Like</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right pelvic sidewall</td>
<td>A B C A B C A B C A B C A B C A B C</td>
<td></td>
</tr>
<tr>
<td>Right utero-sacral ligament</td>
<td>A B C A B C A B C A B C A B C A B C</td>
<td></td>
</tr>
<tr>
<td>Right ovary – serosa</td>
<td>A B C A B C A B C A B C A B C A B C</td>
<td></td>
</tr>
<tr>
<td>Right tube – serosa</td>
<td>A B C A B C A B C A B C A B C A B C</td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td>A B C A B C A B C A B C</td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td>A B C A B C A B C</td>
<td></td>
</tr>
</tbody>
</table>

### CENTRAL AREA

<table>
<thead>
<tr>
<th>Location of Endometriosis</th>
<th>Lesion Size (please circle)</th>
<th>Adhesions (please check)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A = &lt;1cm B = 1–3 cm C = &gt;3cm</td>
<td>Vascular Clear Yellow Red White Blue/Black Brown Filmy Web Thin Dense Sac Like</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uterovesical pouch/</td>
<td>A B C A B C A B C A B C A B C</td>
<td></td>
</tr>
<tr>
<td>Anterior cul-de-sac</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pouch of Douglas/</td>
<td>A B C A B C A B C A B C A B C A B C</td>
<td></td>
</tr>
<tr>
<td>Posterior cul-de-sac</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uterus – serosa</td>
<td>A B C A B C A B C A B C A B C A B C</td>
<td></td>
</tr>
<tr>
<td>Bladder – deep infiltrating</td>
<td>A B C A B C A B C A B C A B C A B C</td>
<td></td>
</tr>
<tr>
<td>Bladder – serosa</td>
<td>A B C A B C A B C A B C A B C A B C</td>
<td></td>
</tr>
<tr>
<td>Colon – deep infiltrating</td>
<td>A B C A B C A B C A B C A B C A B C</td>
<td></td>
</tr>
<tr>
<td>Colon – serosa</td>
<td>A B C A B C A B C A B C A B C A B C</td>
<td></td>
</tr>
<tr>
<td>Vagina</td>
<td>A B C A B C A B C A B C A B C</td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td>A B C A B C A B C A B C</td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td>A B C A B C A B C</td>
<td></td>
</tr>
</tbody>
</table>

Peritoneal pouches/pockets  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location(s): ___________ ___________ ___________</td>
<td></td>
</tr>
<tr>
<td>Depth: ___________ Diameter: ___________</td>
<td></td>
</tr>
</tbody>
</table>

Diaphragm  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left Describe: _____________________________</td>
<td></td>
</tr>
<tr>
<td>Right Describe: ____________________________</td>
<td></td>
</tr>
</tbody>
</table>

Biopsy taken:  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location(s): 1. ___________ 2. ___________ 3. ___________</td>
<td></td>
</tr>
<tr>
<td>4. ___________ 5. ___________ 6. ___________</td>
<td></td>
</tr>
</tbody>
</table>

Control biopsy taken:  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location(s): 1. ___________ 2. ___________ 3. ___________</td>
<td></td>
</tr>
</tbody>
</table>
**X. Endometrioma:**

- **No**
- **Yes**

  - Left size(s): __ cm, __ cm, __ cm
  - Right size(s): __ cm, __ cm, __ cm

- Sent to histology
- Sample collected for research: Left, Right

**XI. Endometriotic nodule:**

- Pouch of Douglas
  - **No**
  - **Yes**

- Size* __ cm, __ cm

- Vagina
  - **No**
  - **Yes**

- Size* __ cm, __ cm

- Bladder
  - **No**
  - **Yes**

- Size* __ cm, __ cm

- Appendix
  - **No**
  - **Yes**

- Size* __ cm, __ cm

- Small bowel
  - **No**
  - **Yes**

- Size* __ cm, __ cm

- Sigmoid colon
  - **No**
  - **Yes**

- Size* __ cm, __ cm

- Rectum
  - **No**
  - **Yes**

- Size* __ cm, __ cm

- Location: __________________________

- Full thickness: **No**
- **Yes**

- Distance from anus (bowel nodule): __ cm, __ cm

* Clinical estimate

**XII. Additional findings:**

**Fibroids (Myoma):**

- **No**
- **Yes**

  - **Submucous**
    - Number __
    - Size* __ cm, __ cm
    - Size* __ cm, __ cm

  - **Intramural**
    - Number __
    - Size* __ cm, __ cm
    - Size* __ cm, __ cm

  - **Subserous**
    - Number __
    - Size* __ cm, __ cm
    - 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, 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**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Normal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Mild Dysfunction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Moderate Dysfunction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Severe Dysfunction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>Absent or Nonfunctional</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

**ENDOMETRIOSIS FERTILITY INDEX (EFI)**

**Historical Factors**

<table>
<thead>
<tr>
<th>Factor</th>
<th>Description</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>If age is ≤ 35 years</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>If age is ≥ 40 years</td>
<td>0</td>
</tr>
<tr>
<td>Years Infertile</td>
<td>If years infertile is ≤ 3</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>If years infertile is &gt; 3</td>
<td>0</td>
</tr>
<tr>
<td>Prior Pregnancy</td>
<td>If there is a history of a prior pregnancy</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>If there is no history of prior pregnancy</td>
<td>0</td>
</tr>
</tbody>
</table>

**Surgical Factors**

<table>
<thead>
<tr>
<th>Factor Description</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>LF Score:</td>
<td></td>
</tr>
<tr>
<td>If LF Score = 7 to 8 (high score)</td>
<td>3</td>
</tr>
<tr>
<td>If LF Score = 4 to 6 (moderate score)</td>
<td>2</td>
</tr>
<tr>
<td>If LF Score = 1 to 3 (low score)</td>
<td>0</td>
</tr>
</tbody>
</table>

**AFS Endometriosis Score**

| If AFS Endometriosis Lesion Score is < 10 | 1 |
| If AFS Endometriosis Lesion Score is ≥ 10 | 0 |

**AFS Total Score**

| If AFS total score < 71 | 1 |
| If AFS total score ≥ 71 | 0 |

**Total Historical Factors**

**Total Surgical Factors**

**EFI = TOTAL HISTORICAL FACTORS + TOTAL SURGICAL FACTORS:**

Historical + Surgical = EFI Score