

Clinical Assessment & registration

Date of completion/...../20...

Consultant Surgeon

Study Code:

Sex	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>			
BMI	Htcm	Wtkg	BMI	
Faecal incontinence		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Faecal Urgency		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Ability to distinguish flatus/faeces		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Is the patient sexually active		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Urinary dysfunction		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Anal sphincter tone		Normal	<input type="checkbox"/>	Reduced	<input type="checkbox"/>		
Anal sphincter intact		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Would you describe the tumour as	Fixed	<input type="checkbox"/>	Tethered	<input type="checkbox"/>	Mobile	<input type="checkbox"/>	
Height above the anal verge on digital rectal examination					cm	
Height above the anal verge on rigid sigmoidoscopy					cm	
Position of the tumour	Anterior	<input type="checkbox"/>	Posterior	<input type="checkbox"/>			
	Left Lateral	<input type="checkbox"/>	Right Lateral	<input type="checkbox"/>			
	Circumferential	<input type="checkbox"/>					
Does the tumour	Invade the prostate	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
	Invade the vagina	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
	Invade the sphincters	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		

Initial surgical plan based on initial surgical assessment:

Surgery alone Pre-operative CRT

Operation plan based on initial surgical assessment:

Local Excision Extralevator AP Excision
 TME Anterior Resection Exenterative Procedure
 TME & Hartmanns
 Intersphincteric AP Excision
 TME Plane AP Excision

Specify

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