

IN THE FEDERAL COURT OF AUSTRALIA

Debra Fowkes v Boston Scientific Corporation & Anor (NSD 244/2021)

Pelvic Mesh Class Action
OPT OUT AND
CLAIMANT REGISTRATION NOTICE

**THIS IS AN IMPORTANT NOTICE ISSUED BY ORDER OF THE FEDERAL
COURT OF AUSTRALIA**

This notice contains important information concerning: (a) your right to opt out of this class action, including a deadline for you to exercise this right should you wish to do so; and (b) for those group members who do not wish to opt out of this class action, the process for registering your claim for compensation (you are not obliged to register, however, it is requested that you register to assist with mediation of the class action). This notice sets out three options for you to take in relation to the class action:

- 1. Register your claim for compensation. In order to assist the Applicant to participate in a mediation of the class action effectively, registration is requested by 29 October 2021.**
- 2. Complete an ‘opt out’ notice on or before 29 October 2021. By doing this you will lose any right to any compensation available in this class action, but you will not be prevented from starting your own proceeding to try and get compensation yourself (subject to applicable time limits).**
- 3. Do nothing. You will not lose any rights by choosing this option, however, declining to register at this time may adversely impact the Applicant’s ability to negotiate a settlement of this proceeding on behalf of the class at a mediation to commence later this year. If you do not register now and the class action is successful (by way of judgment or settlement), you will need to complete this registration process at a later date in order to claim compensation.**

A. WHY IS THIS NOTICE IMPORTANT?

1. A class action (*Debra Fowkes v Boston Scientific Corporation & Anor* (NSD 244/2021) (the **Boston Class Action**) has been commenced in the Federal Court of Australia by Debra Fowkes on behalf of group members who have been implanted with a Boston Scientific pelvic mesh implant against Boston Scientific Corporation and Boston Scientific Pty Ltd (**Boston Scientific**). This class action arises out of allegations that certain pelvic mesh implants had a risk of causing complications in women who were implanted with those devices and that there were not adequate warnings of the risks associated with the use of those devices. The class action is being defended.
2. The Federal Court has ordered that this notice be published for the information of persons who might be members of the class on whose behalf the action is brought and may be

affected by the actions. You should read this notice carefully. Any questions you have concerning the matters contained in this notice should not be directed to the Court. If there is anything in it that you do not understand, you should seek legal advice.

B. WHAT IS A CLASS ACTION?

3. A class action is a legal action that is brought by one or more persons (the **Applicant(s)**) on their own behalf and also on behalf of a class of people (**group members**), against one or more other persons or entities (the **Respondents**) where the Applicant(s) and the group members have similar claims against the Respondents.
4. Group members in a class action **are not** individually responsible for the legal costs associated with bringing the class action. In a class action, only the Applicant(s) are responsible for the costs.
5. The Applicant(s) do not need to name each group member, or obtain their consent to bring the action on their behalf. A person who fits the definition of a “group member” will be bound by the result of the class action as if they had started the proceeding themselves, unless they have opted out of the proceeding.
6. A binding result can happen in two ways, being from a *judgment* following a trial, or a *settlement* at any time that is approved by the Court. If there is a judgment or a settlement of a class action, group members *will not* be able to pursue the same claims and *may not* be able to pursue similar or related claims against the Respondents in other legal proceedings.
7. Group members should note that:
 - (a) in a *judgment* following trial, the Court will decide various factual and legal issues in respect of the claims made by the Applicant(s) and group members. Unless those decisions are successfully appealed they bind the Applicant(s), group members and the Respondents. Importantly, if there are other proceedings between a group member and the Respondents, it is likely that neither of them will be permitted to raise arguments in that proceeding which are inconsistent with a factual or legal issue decided in the class action.
 - (b) in a *settlement* of a class action, where the settlement provides for compensation to group members it is likely to extinguish *all* rights to compensation which a group member might have against the Respondents which arise in any way out of the events which are the subject-matter of the class action.
8. If you consider that you have claims against one or more of the Respondents which are

based on your individual circumstances or otherwise additional to the claims described in this class action, then it is important that you seek independent legal advice about the potential binding effects of the class action **before** the deadline for opting out (see below).

C. WHAT IS THE BOSTON CLASS ACTION ABOUT?

9. The class action has been commenced in the Federal Court of Australia against entities alleged to have designed, manufactured, supplied or marketed certain pelvic mesh implants intended to treat women experiencing prolapse or stress urinary incontinence (**Pelvic Mesh Implants**).
10. The Applicant claims that the Pelvic Mesh Implants were defective and not of a merchantable or acceptable quality under the *Trade Practices Act 1974* (Cth) and the *Competition and Consumer Act 2010* (Cth). The Applicant also alleges that the Respondents were negligent in their design, manufacture and supply of the Pelvic Mesh Implants, including by failing to give warnings about the risks associated with the Pelvic Mesh Implants and inadequately evaluating the safety of the Pelvic Mesh Implants.
11. The class action has been commenced by the Applicant, who was implanted with a Pelvic Mesh Implant that is alleged to have been designed, manufactured, supplied or distributed by one or more of the Respondents.
12. Boston Scientific Corporation and Boston Scientific Pty Ltd are the Respondents to the Boston Class Action.

D. ARE YOU A GROUP MEMBER IN THE BOSTON CLASS ACTION?

13. You may be a group member in the **Boston Class Action** if, prior to 22 March 2021, you had surgery in Australia to implant one of the following Pelvic Mesh Implants:
 - (a) Pinnacle Pelvic Floor Repair and Pinnacle LITE Floor Repair Anterior-Apical, Posterior and Duet Kit;
 - (b) Uphold Vaginal Support System;
 - (c) Uphold LITE with Capio SLIM Vaginal Support System and Pelvic Floor Repair Kit Uphold LITE Vaginal Support System;
 - (d) Upsilon Y-Mesh Kit;
 - (e) Advantage Transvaginal Mid-Urethral Sling System;
 - (f) Advantage Fit System;
 - (g) Obtryx Transobturator Mid-Urethral Halo and Curved Sling System;
 - (h) Obtryx II System;
 - (i) Lynx Suprapubic Mid-Urethral Sling System;

(j) Solyx Mid-Urethral Sling System.

14. If you are unsure whether you are a group member in the Boston Class Action, then you should visit Shine Lawyers' website (<https://www.shine.com.au/service/class-actions/prolapse-mesh-class-action>) or telephone 1800 884 139 for further information.

E. WHAT DOES IT MEAN TO 'OPT OUT'?

15. The Applicant in a class action does not need to seek the consent of group members to commence a class action on their behalf or to identify a specific group member. However, group members can cease to be group members by opting out of the class action.
16. Opting out of the Boston Class Action will have certain consequences which include that:
- (a) you will preserve any rights that you may have to bring your own separate legal proceedings against the Respondents for the same or similar claims in relation to one or more of the Pelvic Mesh Implants that are the subject of the Boston Class Action;
 - (b) you will not be permitted to share in any proposed settlement of or judgment in the Boston Class Action; and
 - (c) you will lose the rights that you have as a group member. If you do not understand your rights as a group member, you should seek legal advice.
17. An explanation of how group members are able to opt out is found below in the section headed "*How can you opt out of the class action?*".

F. WILL YOU BE LIABLE FOR LEGAL COSTS IF YOU REMAIN A GROUP MEMBER?

18. You will **not become liable for any legal costs** simply by remaining a group member for the determination of the common questions. However:
- (a) if the preparation or finalisation of your personal claim requires work to be done in relation to issues that are specific to your claim, you can engage Shine Lawyers in the Boston Class Action or other lawyers, to do that work for you. A copy of the terms on which Shine Lawyers are acting in the Boston Class Action may be obtained from them on the number shown below;
 - (b) if any monetary compensation becomes payable to you as a result of any order, judgment or settlement in the Boston Class Action, the Court may make an order that some of that compensation be used to pay a share of the costs which have been incurred by the Applicant in running the class action which are not able to be recovered from the Respondents; and
 - (c) class actions are often settled out of court. If this occurs in the Boston Class Action,

and you are a group member, you may be able to claim from the settlement amount without retaining a lawyer.

19. If the Boston Class Action is unsuccessful, group members will have no liability to pay any legal costs.

G. WHAT WILL HAPPEN IF YOU CHOOSE TO REMAIN A GROUP MEMBER?

20. Unless you opt out, you will be bound by any settlement or judgment in the Boston Class Action. If the Boston Class Action is successful and you are a group member in that proceeding, you will be entitled to share in the benefit of any order, judgment or settlement in favour of the Applicant and group members, although you may have to satisfy certain conditions before your entitlement arises. If the Boston Class Action is unsuccessful or is not as successful as you might have wished, you will not be able to pursue the same claims and may not be able to pursue related claims against the Respondents to the Boston Class Action.

H. WHAT GROUP MEMBERS NEED TO DO

You should read this notice carefully. If there is anything in it that you do not understand, you should seek legal advice.

(a) How can you remain a group member?

21. **If you wish to remain** a group member there is **nothing you need to do** at the present time. The Applicant will continue to bring the proceedings on your behalf up to the point where the Court determines those questions that are common to the claims of the Applicant and the group members. However, you are invited to contact the Applicant's lawyers, (Shine Lawyers) on the number below and register as a group member so that future notices about the class action can be sent to your preferred address and information can be collected which may assist the Court and the parties to understand the amount of compensation, if any, that you maybe entitled to receive.
22. If you wish to register, you can do so by completing the Claimant Registration Form annexed to this notice. There is no requirement that you register in order to remain a group member.

(b) How can you opt out of the class action?

23. **If you do not wish to remain** a group member in the Boston Class Action you must opt out of the proceeding. If you opt out you will not be bound by or entitled to share in the benefit of any order, judgment or settlement in that proceeding, but you will be at liberty

to bring your own claim against the Respondents, provided that you issue Court proceedings within the time limit applicable to your claim. If you wish to bring your own claim against the Respondents, you should seek your own legal advice about your claim and the applicable time limit prior to opting out.

24. **If you wish to opt out** of the Boston Class Action you **must** do so by completing an "**opt out notice**" in the form annexed to this notice. You must return the complete opt out notice to the Registrar of the Federal Court of Australia at the postal address on the form, or electronically via email to pelvicmesh@fedcourt.gov.au (please include in the subject line of the email the words: "*Opt Out Notice NSD244/2021*"). You can also complete the form electronically by visiting Shine Lawyers' website (<https://www.shine.com.au/service/class-actions/prolapse-mesh-class-action>).

IMPORTANT: the opt out notice must reach the Registrar by no later than 4.00pm on 29 October 2021, otherwise it will not be effective.

25. You should submit the opt out notice if you qualify as a group member and you wish to opt out of the Boston Class Action.
26. If you do not meet the criteria set out in the section headed "**ARE YOU A GROUP MEMBER IN THE BOSTON CLASS ACTION?**" above, you are not a group member and you do not need to take any step to opt out of the Boston Class Action.
27. Each group member seeking to opt out should fill out a separate form.

I. WHERE CAN YOU OBTAIN COPIES OF RELEVANT DOCUMENTS?

28. Copies of relevant documents, including the originating application and the statement of claim, may be obtained by downloading them from the website of Shine Lawyers (www.shine.com.au/service/class-actions/prolapse-mesh-class-action).
29. Alternatively, you may contact:

Shine Lawyers

Level 13, 160 Ann Street

Brisbane QLD 4000

prolapsemesh@shine.com.au

1800 884 139

Form 21
Rule 9.34

Opt out notice

Federal Court of Australia
District Registry: New South Wales
Division: General

No. 244 of 2021

Debra Fowkes

Applicant

**Boston Scientific Corporation and
Anor**

Respondents

To: The Registrar
Federal Court of Australia
New South Wales District Registry
Level 17, Law Courts Building, Queens Square
Sydney NSW 2000

OR BY EMAIL: pelvicmesh@fedcourt.gov.au

..... (print name), a group member in the Boston
Class Action (*Debra Fowkes v Boston Scientific Corporation & Anor* (NSD 244/2021), having been
implanted with on or about gives notice under section 33J
(*implant*) (date)
of the *Federal Court of Australia Act 1976*, that they are opting out of that representative proceeding.

Date:

.....
Signed by [Name]
[Insert capacity eg group member / Lawyer for the group member]

.....
Filed on behalf of (name & role of party)
Prepared by (name of person/lawyer)
Law firm (if applicable)
Tel..... Fax.....
Email.....
Address for service
(include state and postcode)

IN THE FEDERAL COURT OF AUSTRALIA

Debra Fowkes v Boston Scientific Corporation & Anor (NSD 244/2021)

PELVIC MESH CLASS ACTION**CLAIMANT REGISTRATION FORM**

IMPORTANT: This form deals with registering claims as part of the Boston Class Action.

There is a **DEADLINE** of **29 October 2021** to register a claim.

INTRODUCTION

A class action (NSD244/2021) has been commenced in the Federal Court of Australia by Debra Fowkes on behalf of group members who have been implanted with a Boston Scientific pelvic mesh implant against Boston Scientific Corporation and Boston Scientific Pty Ltd (**Boston Scientific**).

You are being sent this form because you have been identified as a person who may be a group member in the Boston Class Action.

You should read this Claimant Registration Form carefully.

1. PARTICIPATION IN MEDIATION

By no later than 10 December 2021, the parties will participate in a mediation of this class action to attempt to reach a negotiated resolution of the claims made in the class action.

On **3 September 2021**, the Federal Court provided for group members to register for the mediation by completing the Claimant Registration Form and returning it by **29 October 2021** to Shine Lawyers at the following address:

By email to prolapsemesh@shine.com.au

Or

By post to: Shine Lawyers
PO Box 12011
George Street QLD 4003

Or

By registering online at www.australianmeshclassaction.com.au.

The Claimant Registration Form allows you to provide information about any complications you allege to have suffered as a group member and treatments you have received.

If you wish to register your claim, please complete and return the Claimant Registration Form to Shine Lawyers at either the email or postal address above by **29 October 2021**. Alternatively, you can complete a Registration Form online at www.australianmeshclassaction.com.au. The solicitors for Boston Scientific will be entitled to view any Claimant Registration Form that you return. If you register now, you will not be required to register after any settlement of the proceeding in order to be entitled to receive any benefit under (or monetary compensation from) any settlement of the proceedings which is reached.

If you do not register your claim by the deadline, there is no settlement and the class action proceeds to judgment in favour of group members, you may be able to make a claim for damages.

2. COMPLETING THE CLAIMANT REGISTRATION NOTICE

Please complete this form if you believe you were implanted with a Boston Scientific Pelvic Mesh Implant.

If you are in any doubt about whether you were implanted with a Boston Scientific Pelvic Mesh Implant please talk to your doctor or contact Shine Lawyers on 1800 884 139, or at prolapsemesh@shine.com.au.

REGISTRATION

The person identified below REGISTERS their claim, or the claim of another (for example, if you are claiming on behalf of a deceased estate) for compensation in relation to the Boston Class Action.

PART A: PERSONAL DETAILS

GROUP MEMBER DETAILS:

Salutation (Ms / Miss / Mrs / Dr / Other)

Name

Address

Date of Birth (dd/mm/yyyy)

Height (cms)

Weight (kgs)

Email

Phone Number

Medicare Number

If the group member is deceased and this form is registering a deceased estate, please tick this box

CONTACT IF NOT GROUP MEMBER:

Relation to Group Member

Salutation (Ms / Miss / Mrs / Dr / Mr / Other)

Name

Address

Email

Phone Number

Completed forms must be returned so that they are **received** by Shine Lawyers before 4.00pm on **29 October 2021**.

Completed forms can returned by emailing them to prolapsemesh@shine.com.au or by posting the form to:
Shine Lawyers, PO Box 12011, George Street QLD 4003.

A copy of the form can also be completed online at www.australianmeshclassaction.com.au.

If you have any questions please telephone Shine Lawyers on 1800 884 139, or email us at prolapsemesh@shine.com.au.

PART B: IMPLANT DETAILS

If you are unable to complete any part of this section of the form because you do not know the answers to the questions, you may seek advice from your treating doctor or specialist or ask for assistance from Shine Lawyers.

PROLAPSE IMPLANT/S

Did you receive a Pelvic Mesh Implant to treat prolapse (including prolapse of the bladder, vagina, rectum or uterus)?

Yes

No

If you answered yes, and you know the name of the Pelvic Mesh Implant you received, please indicate which of the implants you received from the list below.

Pelvic Mesh Implant for treatment of prolapse manufactured by Boston Scientific:

PINNACLE implant

PINNACLE LITE implant

UPHOLD implant

UPHOLD LITE implant

UPSYLON Y-Mesh implant

Date of implant surgery

Surgeon

Hospital

GP at time of implant surgery

Name of GP:

Name of practice:

Were you treated as a public or private patient?

Public

Private

If you were treated as a private patient, who was your private health insurer?

What was your private health membership number?

STRESS URINARY INCONTINENCE (SUI) IMPLANT/S

Did you receive a Pelvic Mesh Implant to treat stress urinary incontinence (SUI)?

Yes

No

If you answered yes, and you know the name of the Pelvic Mesh Implant you received, please indicate which of the implants you received from the list below.

Pelvic Mesh Implant for the treatment of SUI manufactured by Boston Scientific:

ADVANTAGE implant

ADVANTAGE FIT implant

OBTRYX implant

OBTRYX II implant

LYNX implant

SOLYX implant

Date of implant surgery

Surgeon

Hospital

GP at time of implant surgery

Name of GP:

Name of practice:

Were you treated as a public or private patient?

Public

Private

If you were treated as a private patient, who was your private health insurer?

What was your private health membership number?

PART C: COMPLICATIONS AND TREATMENT

COMPLICATIONS

1. Have you ever suffered from any of the conditions listed below:

- Interstitial Cystitis
- Pelvic Adhesions
- Diverticulosis
- Pelvic Inflammatory Disease
- Ovarian Cysts
- Endometriosis
- Uterine Fibroids
- Irritable Bowel Syndrome

2. Have you undergone a hysterectomy?

- Yes
- No

3. Have you ever been pregnant?

- Yes
- No (if No, please skip to Question 4)

If Yes, please indicate:

a) how many times you had been pregnant prior to receiving the Boston Scientific Implant/s?

b) how many live births you have had prior to receiving the Boston Scientific Implant/s?

4. Since being implanted with your Boston Scientific Pelvic Mesh Implant/s, have you experienced any complications such as erosion of the mesh, pain, urinary symptoms, bowel symptoms or sexual problems?

- Yes
- No

5. Please indicate the kind of complications you have experienced since being implanted with your Boston Scientific Pelvic Mesh Implant/s and if you still suffer from any of those complications.

- | Complications suffered | Still suffer from this complication |
|-----------------------------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Erosion, extrusion or protrusion of the mesh | <input type="checkbox"/> |
| <input type="checkbox"/> Back pain | <input type="checkbox"/> |

- | | |
|--------------------------------------------------------------------------------------------|--------------------------|
| <input type="checkbox"/> Vaginal pain | <input type="checkbox"/> |
| <input type="checkbox"/> Pelvic pain | <input type="checkbox"/> |
| <input type="checkbox"/> Groin pain | <input type="checkbox"/> |
| <input type="checkbox"/> Perineum pain | <input type="checkbox"/> |
| <input type="checkbox"/> Anal pain | <input type="checkbox"/> |
| <input type="checkbox"/> Rectal pain | <input type="checkbox"/> |
| <input type="checkbox"/> Thigh pain | <input type="checkbox"/> |
| <input type="checkbox"/> Other pain (please specify) | <input type="checkbox"/> |
|
 | |
| <input type="checkbox"/> Painful intercourse | <input type="checkbox"/> |
| <input type="checkbox"/> Inability to have intercourse at all | <input type="checkbox"/> |
| <input type="checkbox"/> Offensive vaginal discharge | <input type="checkbox"/> |
| <input type="checkbox"/> Difficulties with bowel motions
(incontinence or constipation) | <input type="checkbox"/> |
|
 | |
| <input type="checkbox"/> Incontinence of urine not present before implant | <input type="checkbox"/> |
| <input type="checkbox"/> Recurrent incontinence of urine | <input type="checkbox"/> |
| <input type="checkbox"/> Aggravation of pre-existing incontinence of urine | <input type="checkbox"/> |
| <input type="checkbox"/> Damage to pelvic organs, nerves, ligaments or tissues | <input type="checkbox"/> |
| <input type="checkbox"/> Psychiatric injury | <input type="checkbox"/> |

TREATMENT – FURTHER SURGERY

6. Have you required further surgery to treat one of the complications indicated in Question 5 following the initial surgery to implant your pelvic mesh implant/s?

- Yes
 No (if No, please skip to Question 8)

If Yes, please provide the details of the surgery/ies:

Date of first treatment surgery

Purpose of the surgery

If you have been implanted with more than one implant, please indicate which of these implants was the subject of this surgery (if applicable):

Surgeon

Hospital

Was the surgery performed under general or local anaesthetic?

GP at time of treatment surgery

Name of GP:

Name of practice:

Were you treated as a public or private patient?

- Public
 Private

Date of second treatment surgery

Purpose of the surgery

If you have been implanted with more than one implant, please indicate which of these implants was the subject of this surgery (if applicable):

Surgeon

Hospital

Was the surgery performed under general or local anaesthetic?

Were you treated as a public or private patient? Public Private

Date of third treatment surgery

Purpose of the surgery

If you have been implanted with more than one implant, please indicate which of these implants was the subject of this surgery (if applicable):

Surgeon

Hospital

Was the surgery performed under general or local anaesthetic?

Were you treated as a public or private patient? Public Private

Date of fourth treatment surgery

Purpose of the surgery

If you have been implanted with more than one implant, please indicate which of these implants was the subject of this surgery (if applicable):

Surgeon

Hospital

Was the surgery performed under general or local anaesthetic?

Were you treated as a public or private patient? Public Private

Date of fifth treatment surgery

Purpose of the surgery

If you have been implanted with more than one implant, please indicate which of these implants was the subject of this surgery (if applicable):

Surgeon

Hospital

Was the surgery performed under general or local anaesthetic?

Were you treated as a public or private patient? Public
 Private

Date of sixth treatment surgery

Purpose of the surgery

If you have been implanted with more than one implant, please indicate which of these implants was the subject of this surgery (if applicable):

Surgeon

Hospital

Was the surgery performed under general or local anaesthetic?

Were you treated as a public or private patient? Public
 Private

7. Did your treatment surgery/ies resolve or improve your complications?

- Treated successfully with a complete resolution of complications.
- Treated with significant alleviation of complications.
- Treated with only a partial alleviation of complications.
- Treated without any significant alleviation of complications.

TREATMENT – NON SURGICAL

8. Have you required non-surgical treatment for complications suffered as a result of your implant?

- Yes
- No (if No, please skip to Part D)

If yes, please provide the details of these treatments.

First Treatment required (tick only one box)	<input type="checkbox"/> Pain medication	<input type="checkbox"/> Topical treatment (including oestrogen cream)
	<input type="checkbox"/> Incontinence medication	
	<input type="checkbox"/> Psychological medication	

- | | |
|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Other medication (please specify) | <input type="checkbox"/> Injections (not associated with surgical treatment) |
| <input type="checkbox"/> Physiotherapy treatment (including pelvic floor exercises and training) | <input type="checkbox"/> Other (please specify) |

If you have indicated any 'medication' above, please specify the name of the medication:

If you have indicated 'Other' above, Please specify the non-surgical treatment required:

Date of when treatment commenced

Purpose of the treatment

Treatment still ongoing? Yes
 No

Length of treatment

Health professional who prescribed the treatment (if applicable) Name of health professional:

Name of practice:

Were you treated as a public or private patient? Public
 Private

Second Treatment required (tick only one box)

- | | |
|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Pain medication | <input type="checkbox"/> Topical treatment (including oestrogen cream) |
| <input type="checkbox"/> Incontinence medication | <input type="checkbox"/> Injections (not associated with surgical treatment) |
| <input type="checkbox"/> Psychological medication | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Other medication (please specify) | |
| <input type="checkbox"/> Physiotherapy treatment (including pelvic floor exercises and training) | |

If you have indicated any 'medication' above, please specify the name of the medication:

If you have indicated 'Other' above, Please specify the non-surgical treatment required:

Date of when
treatment
commenced

Purpose of the
treatment

Treatment still
ongoing? Yes
 No

Length of treatment

Health professional
who prescribed the
treatment (if
applicable) Name of health professional:

Name of practice:

Were you treated as
a public or private
patient? Public
 Private

**Third Treatment
required** (tick only
one box)

Pain medication

Incontinence medication

Psychological medication

Other medication (please
specify)

Physiotherapy treatment
(including pelvic floor
exercises and training)

Topical treatment (including
oestrogen cream

Injections (not associated
with surgical treatment)

Other (please specify)

If you have indicated any 'medication' above, please specify the
name of the medication:

If you have indicated 'Other' above, Please specify the non-surgical
treatment required:

Date of when
treatment
commenced

Purpose of the
treatment

Treatment still
ongoing? Yes
 No

Length of treatment

Health professional
who prescribed the
treatment (if
applicable) Name of health professional:

Name of practice:

Were you treated as a public or private patient? Public
 Private

Fourth Treatment required (tick only one box)

<input type="checkbox"/> Pain medication <input type="checkbox"/> Incontinence medication <input type="checkbox"/> Psychological medication <input type="checkbox"/> Other medication (please specify) <input type="checkbox"/> Physiotherapy treatment (including pelvic floor exercises and training)	<input type="checkbox"/> Topical treatment (including oestrogen cream) <input type="checkbox"/> Injections (not associated with surgical treatment) <input type="checkbox"/> Other (please specify)
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If you have indicated any 'medication' above, please specify the name of the medication:

If you have indicated 'Other' above, Please specify the non-surgical treatment required:

Date of when treatment commenced

Purpose of the treatment

Treatment still ongoing? Yes
 No

Length of treatment

Health professional who prescribed the treatment (if applicable) Name of health professional:

Name of practice:

Were you treated as a public or private patient? Public
 Private

9. Did your non-surgical treatment/s resolve or improve your complications?

- Treated successfully with a complete resolution of complications.
- Treated with significant alleviation of complications.
- Treated with only a partial alleviation of complications.
- Treated without any significant alleviation of complications.

PART D: IMPACT ON ACTIVITIES OF DAILY LIVING

Some women find that bladder, bowel or vagina symptoms or pain affect their activities, relationships and feelings. For each question, please tick the response that best describes how much your activities, relationships or feelings have been affected by your bladder, bowel or vaginal symptoms or conditions or pain over the past 3 months.

1. Has your ability to do household chores (cooking, laundry, housecleaning, gardening), been affected?
 Not at all Somewhat Moderately Quite a bit

2. Has your ability to do physical activities such as walking, swimming or other exercise been affected?
 Not at all Somewhat Moderately Quite a bit

3. Has your ability to participate in entertainment activities such as going to a concert or a movie been affected?
 Not at all Somewhat Moderately Quite a bit

4. Has your ability to travel (by car, bus, plane, etc) for a distance greater than 30 minutes away from home been affected?
 Not at all Somewhat Moderately Quite a bit

5. Are you able to participate in social activities outside your home?
 Not at all Somewhat Moderately Quite a bit

END OF REGISTRATION FORM
