

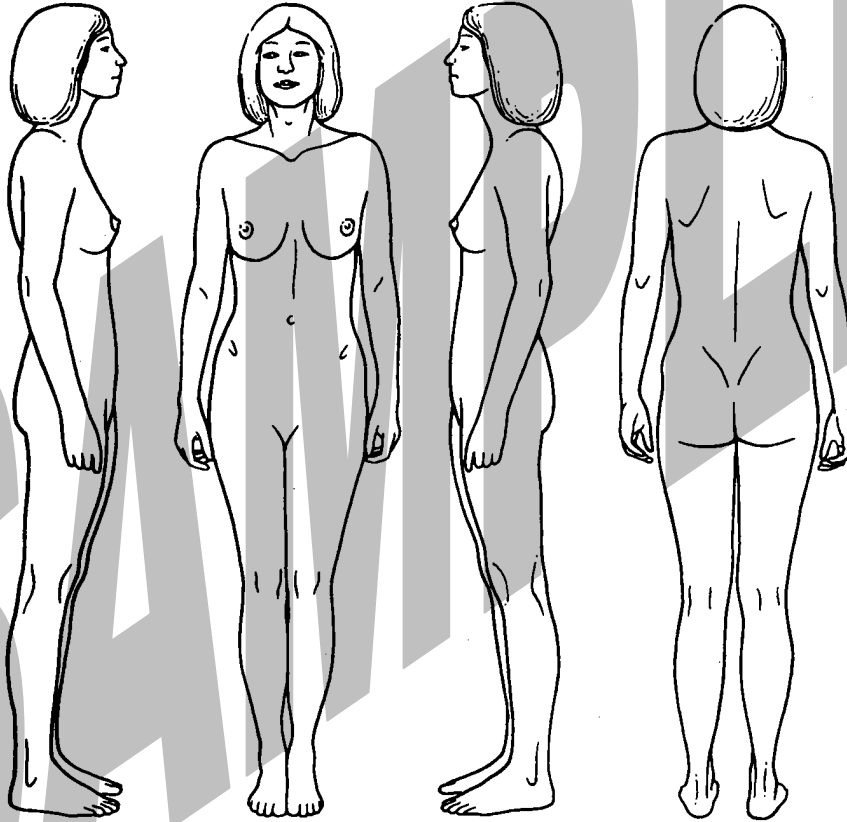
TABLE 7
AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE
MANAGEMENT OF ENDOMETRIOSIS IN THE PRESENCE OF PELVIC PAIN
 A Clinical Instrument to Document the Extent of Endometriosis and Pelvic Pain¹

Patient's Name _____ Age _____ Date _____

PRE-OPERATIVE ASSESSMENT OF PELVIC PAIN

Complaints _____

Describe the patient's symptoms of pain quality and position, and any limitation caused by these symptoms. Abbreviate quality of pain as **A = mild, B = discomforting, C = distressing, D = horrible, E = excruciating**. On the anatomic drawings below, draw a **SOLID LINE** around the area(s) of pain described by the patient, and mark the most intense area(s) with an **X**.



Physical findings _____

Identify the quality and site of tenderness caused by palpation, extent of nodularity, diffuse or focal distribution, and/or fixation of uterus/adnexa. On the anatomic drawings above, draw a **BROKEN LINE** around the area(s) of tenderness found on examination.

Adjuncts: IVP? BE? Sigmoidoscopy? Other? _____

¹ The association of pelvic pain and endometriosis remains enigmatic because the extent of disease by the previous AFS classifications does not dependably relate to the severity of pelvic pain or tenderness. This form was designed by the AFS Committee on Classification of Endometriosis to carefully document the location and intensity of pelvic pain and tenderness in addition to distribution of endometriosis and pelvic adhesions. Constant recording of this data will permit consistent management of the patient with endometriosis and pelvic pain, and facilitate clinical research.

Figure 1

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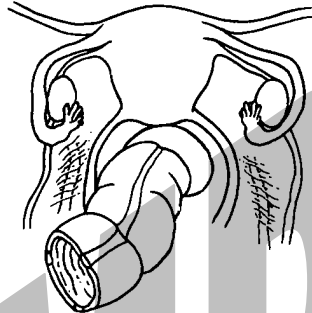
OPERATIVE DESCRIPTION OF PELVIC ADHESIONS

Describe the location, points of attachment and characteristics of adhesions. Abbreviate characteristics as **A = avascular/thin**, **T = thick/dense**, **B = band/string-like**, **S = sheet-like**. Draw a picture of these adhesions at the appropriate location in each quadrant.

IIa (Left lateral)

I (Anterior)

IIb (Right lateral)



IV (Other sites)

III (Posterior)

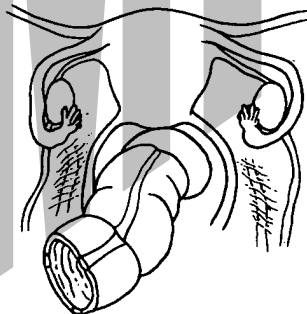
OPERATIVE APPEARANCE OF THE DISTRIBUTION OF ENDOMETRIOSIS

After mobilizing the pelvic viscera, measure the size (mean diameter in millimeters) and depth of each visible lesion. Use a calibrated endoscopic probe, if necessary. Record the location, dimension, visual appearance and histologic confirmation of these lesions. Abbreviate the visual appearance as **C = clear**, **V = vesicles/blebs**, **P = pink**, **R = red/flame-like**, **B = black/blue**, **Y = yellow/brown**, **W = white**, **F = peritoneal fibrosis**. Document the site of each lesion by positioning the index number (No. on the table below) at the appropriate location in each quadrant.

IIa (Left lateral)

I (Anterior)

IIb (Right lateral)



IVa (Other intra-abdominal sites)

III (Posterior)

IVb (Outside peritoneal cavity)

No.	Size in mm	Depth	Appearance	Histology	Location	No.	Size in mm	Depth	Appearance	Histology	Location
i.e.	8 m	2 mm	F	Glands & stroma	III						
1						11					
2						12					
3						13					
4						14					
5						15					
6						16					
7						17					
8						18					
9						19					
10						20					

Histology _____

Results _____

Figure 2



For additional supply write to:
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