Insertion of Suburethral or Midurethral Tape & Cystoscopy

A. Interpreter / cultural needs

An Interpreter Service is required? [ ] Yes [ ] No
If Yes, is a qualified Interpreter present? [ ] Yes [ ] No
A Cultural Support Person is required? [ ] Yes [ ] No
If Yes, is a Cultural Support Person present? [ ] Yes [ ] No

B. Condition and treatment

The doctor has explained that you have the following condition: (Doctor to document in patient’s own words)

This condition requires the following procedure. (Doctor to document - include site and/or side where relevant to the procedure)

The following will be performed:

The damaged ligaments are replaced by a 1cm wide tape of synthetic mesh. This tape returns the support for the urethra (this is the tube that leads from the bladder to the outside) to the surrounding tissues. This is routinely followed by looking into the bladder to make sure no damage has been done (cystoscopy).

C. Risks of insertion of suburethral or midurethral tape & cystoscopy.

There are risks and complications with this procedure. They include but are not limited to the following:

General risks:
- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Asprin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Heart attack or stroke could occur due to the strain on the heart.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.
- Death as a result of this procedure is possible.

Specific risks:
- The bladder may be over-active after the operation. You may need to go to the toilet a lot, may have sudden urges to pass urine and may leak urine.
- There is a small risk of the urinary incontinence returning.
- Problems with passing urine are uncommon. This rarely needs long term management.
- If this happens, the tape may be divided through the vaginal cut.
- There is a small risk of the urinary incontinence returning.
- Infection requiring antibiotics and further treatment.
- Excessive bleeding. This is rare.
- Increased risk in obese people of wound infection, chest infection, heart and lung problems and blood clots in the veins.
- A higher risk in smokers. This may cause wound and chest infections, heart and lung problems and blood clots in the veins.
- The urethra (the tube that leads from the bladder to the outside) can sometimes be damaged.
- The bladder can sometimes be damaged.
- The tape may erode through the urethra in the years after the operation. This would need repair of the urethra and a catheter for 2 weeks.

D. Significant risks and procedure options

(Doctor to document in space provided. Continue in Medical Record if necessary.)

E. Risks of not having this procedure

(Doctor to document in space provided. Continue in Medical Record if necessary.)

F. Anaesthetic

This procedure may require an anaesthetic. (Doctor to document type of anaesthetic discussed)
G. Patient consent

I acknowledge that the doctor has explained;

- my medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- the anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- other relevant procedure/treatment options and their associated risks.
- my prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.
- a doctor other than the Consultant may conduct the procedure. I understand this could be a doctor undergoing further training.

I have been given the following Patient Information Sheet/s:

- About Your Anaesthetic
- Epidural and Spinal Anaesthetic
- Insertion of Suburethral or Midurethral Tape for & Cystoscopy

- I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.
- I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.

On the basis of the above statements,
Insertion of Suburethral or Midurethral Tape & Cystoscopy

1. What do I need to know about the condition?
Urinary continence depends on the bladder entrance being supported by strong ligaments that hold it up from the muscles of the pelvic floor.
These ligaments can be torn or stretched, by vaginal child birth, chronic straining due to constipation or by an inherited weakness of the collagen in the ligaments. If this happens, you may pass urine when you cough, sneeze etc.
The procedure is usually for patients who:
- have genuine stress incontinence.
- have had a previous but failed operation for genuine stress incontinence.
- those who are very overweight.
- those who have major damage to the muscle about the urethra.
The procedure usually takes about 30 minutes. You will get better quite quickly. Sometimes you may have pain or discomfort about the cuts. This is treated with painkillers and should only last a few days.
It takes 6 weeks for scars to form, so you need to take it easy for a few weeks. You should:
- only go back to work if this does not involve heavy lifting.
- not have sex for 6 weeks after the surgery.
- the success rate of this procedure is very high (9 in 10 women). The long term success rate is not yet known.

2. What do I need to know about the procedure?
The following procedure will be performed:
The damaged ligaments are replaced by a 1cm wide tape of synthetic mesh. This tape returns the support for the urethra to the surrounding tissues.
The tape is usually put in under general anaesthesia.
Two 1 cm cuts are made, one each in the fold of the groin. A further 3 cm cut is made just inside and on the front wall of the vagina.
This is routinely followed by looking into the bladder; (cystoscopy) to make sure no damage has been done.

3. My anaesthetic
This procedure will require an anaesthetic.
See About Your Anaesthetic and/or Epidural and Spinal Anaesthetic Information Sheet/s for information about the anaesthetic and the risks involved. If you have any concerns, discuss these with your doctor.
If you have not been given an information sheet, please ask for one.

4. What are the general risks of this procedure?
General risks:
- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Asprin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Heart attack or stroke could occur due to the strain on the heart.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.
- Death as a result of this procedure is possible.

5. What are the specific risks of this procedure?
Specific risks:
- The bladder may be over-active after the operation. You may need to go to the toilet a lot, may have sudden urges to pass urine and may leak urine.
These symptoms are usually managed by bladder retraining and drug therapy. A small proportion of patients will continue to have long – standing bladder symptoms despite treatment.
- Problems with passing urine are uncommon. This rarely needs long term management.
If this happens, the tape may be divided through the vaginal cut.
There is a small risk of the urinary incontinence returning.
- Infection requiring antibiotics and further treatment.
- Excessive bleeding. This is rare.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- A higher risk in smokers. This may cause wound and chest infections, heart and lung problems and blood clots in the veins.
- The urethra (the tube that leads from the bladder to the outside) can sometimes be damaged.
- The bladder can sometimes be damaged.
- The tape may erode through the urethra in the years after the operation. This would need repair of the urethra and a catheter for 2 weeks.

Notes to talk to my doctor about:


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