Vaginal Repair- with or without Sacrospinous Colpopexy

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:
Repair of any prolapse through the vagina.
This involves a cut in the vaginal area to repair the prolapse of the bladder and/or the rectum (lower bowel) and/or vaginal entrance.
It may be necessary to pass a catheter into the bladder after the operation to drain the urine until healing has taken place.

C. Risks of a vaginal repair- with or without sacrospinous colpopexy

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.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- 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:
- Bleeding from large blood vessels. Blood transfusions may be necessary.
- Infection in the operation site or urinary tract requiring antibiotics and further treatment.

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.
- the procedure may include a blood transfusion.
- 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
- [ ] Vaginal Repair- with or without Sacrospinous Colpopexy

- 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,

H. Doctor/delegate Statement

I have explained to the patient all the above points under the Patient Consent section (G) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate: ___________________________________________________________

Designation: __________________________________________________________

Signature: ______________________________________________________________________

Date: __________________________________________________________________________

I. Interpreter’s statement

I have given a sight translation in ___________________________

(state the patient’s language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter: ____________________________________________________________

Signature: ______________________________________________________________________

Date: __________________________________________________________________________
## Consent Information - Patient Copy

### Vaginal Repair- with or without Sacrospinous Colpopexy

**1. What do I need to know about this condition?**

This procedure is usually performed on women who have prolapse – a soft lump protruding from the vagina, usually with straining. Sometimes the lump may protrude all the time. The prolapse may involve the bladder, the rectum, the upper part of the vagina or all of these parts.

Sometimes if the uterus has already been removed the upper part of the vagina (the vault) may need to be attached to a ligament in the pelvis: the sacrospinous ligament.

This operation is called a sacrospinous suspension (or colpopexy) and prevents the upper part of the vagina falling down. Sometimes prolapse can be associated with urinary incontinence and it may be necessary to insert a tape under the urethra (trans obturator tape) or to perform a bladder neck suspension (also known as a Burch Operation or colposuspension) at the same time.

**2. What do I need to know about this procedure?**

There are many different techniques (operations) used for management of female prolapse. Ask your doctor to describe which operation you are having and the risks and outcomes.

**3. What are the risks of not having this procedure?**

This depends on the reason for the surgery. If you have a prolapse, the uterus can drop down into the vagina and even outside the vagina where it can develop ulcers and cause discomfort.

**4. 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.*

**5. What are the risks of this specific procedure?**

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 Icover) or Dipyridamole (Persantin or Asasantin).
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- 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:**

- Bleeding from large blood vessels. Blood transfusions may be necessary.
- Infection in the operation site or urinary tract requiring antibiotics and further treatment.
- Injury to other organs such as the ureter(s) (tube leading from kidney to bladder) bladder or bowel.
- Difficulty passing urine immediately following surgery which is usually temporary but which may require a catheter to be reinserted into the bladder, or you may be taught to pass your own catheter until you are able to pass urine without assistance.
- Stress incontinence of urine following surgery. Stress incontinence is a common condition where urine leaks when you cough, sneeze or perform various other activities involving abdominal straining. In this case, whilst no problem existed before surgery, often there is an unknown weakness of the bladder which leads to this problem when surgery is carried out.
- A connection (fistula) may develop between the bladder and the vagina.
- A connection (fistula) may develop between the rectum and the vagina leading to leakage of faeces through the vagina (recto – vaginal fistula).
- Pain in the vaginal outlet (perineum), which can last up to six weeks after surgery.
- Change in bladder and bowel habits.
- Narrowing or shortening of the vagina.
- Pain during sexual intercourse.
- Reoccurrence of the original complaint (prolapse) with the passage of time.
- Increased risk in smokers of wound and chest infections, heart and lung complications and thrombosis.

**6. What are some alternative treatments?**

Exercise, changes to lifestyle, diet and weight reduction may assist in managing the urinary incontinence problem. Discuss with your doctor what may work for your condition.

**7. What do I need to know about recovering from this procedure?**

After the operation, the nursing staff will closely watch you until you have recovered from the anaesthetic. You will then go back to the ward where you will recover until you are well enough to go home, usually about 2 days after vaginal surgery.

If you have any side effects from the anaesthetic, such as headache, nausea, vomiting, you should tell the nurse looking after you, who will be able to give you some medication to help.
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- Pain
  You can expect to have pain in the operation site. There are a number of ways in managing your pain. You may have:
  - a drip with painkillers into the spine, which deadens the area below your waist.
  - a drip with painkillers that you can give yourself when you feel pain.
  - injections which you need to ask for.
  It is important that you tell the nursing staff if you are having pain. Your pain should wear off within 7 - 10 days. If it does not, you must tell your Doctor.
- Diet
  You will have a drip in your arm when you come back from surgery. This will be removed when you are able to take food and fluids by mouth and you are no longer feeling sick.
  It is not unusual to feel sick for a day or two after surgery. Tell the nurse if this happens to you so that you can have drugs to stop it. To begin with, you can have small sips of water, and then slowly take more until you are eating normally.
- Wounds
  You may have a drain into the vagina, which will be removed after 24 to 48 hours following surgery. You will have a very light blood loss from the vagina for 4 to 6 weeks after surgery. If the bleeding is heavy – you must tell your doctor.
- Bladder and bowels
  You may come back from theatre with a tube into the bladder (catheter) to drain the urine from the bladder into a plastic bag. This is removed within a day or two of surgery.
  You must not strain to make your bowels move. The nursing staff will check with you daily until you have a normal bowel motion and, if you are having problems, they will give you some medicine to help.
- Your lungs and blood supply
  It is very important after surgery that you start moving as soon as possible. This is to prevent blood clots forming in your legs and possibly travelling to your lungs. This can cause death.
  To help prevent clots forming in your legs, you will have support stockings (TEDS) on before you go to surgery and these will stay on until you are walking on your own. You may also be put on drugs to thin your blood.
  Also, you need to do your deep breathing exercises, ten deep breaths every hour, to get the secretions in your lungs moving and help prevent a chest infection.
  At all costs, avoid smoking after surgery, as this will increase your risk of chest infection.
- Exercise
  You need to do your deep breathing exercises, ten deep breaths every hour, to get the secretions in your lungs moving and help prevent a chest infection.

Do expect to feel tired for sometime after surgery. You need to take things easy and gradually return to normal duties, as you feel able to. It usually takes about 6 weeks to recover and up to 6 months to feel back on top of things again.

You should not drive during the first 2 - 4 weeks – until you can brake suddenly without pain. This is to allow healing to take place inside.

You may have sexual intercourse about 6 weeks after surgery.

Do not lift heavy weights (over 2-3 kilos in weight) for at least six weeks after surgery.

8. What do I need to tell my doctor?
Tell your doctor if you have:
  - large amounts of bloody discharge from the vagina.
  - fever and chills.
  - pain that is not relieved by prescribed pain killers.
  - swollen abdomen.
  - leaking from the vagina.

Notes to talk to my doctor about: