Burch Colposuspension

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 cut is made across the upper edge of the pubic hair. This allows the surgeon to get to the bladder neck. Stitches are placed in tissues next to the bladder neck. This is to hang it from ligaments on the front of the pelvic bone. These stitches support the bladder neck. This has a very high success rate (better than 9 in 10 women) of treating genuine stress incontinence. This falls to a high success rate in the coming years.

C. Risks of a burch colposuspension
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, Aspirin, 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.
- A rupture (hernia) through the top of the vagina. Sometimes further surgery is needed if the hernia becomes too big.
- Haemorrhage from large arteries and veins about the bladder, vagina and pelvis. This may require a blood transfusion and further surgery.
- Infection in the operation site, pelvis or urinary tract. This may require treatment with antibiotics.
- Injury to adjacent organs eg. Bladder. This may require further surgery.
- Injuries to the ureter or the urethra. This may require further surgery.
- Problems with passing urine. This is rare, but may need long term care. If this does happen, you may have to pass a tube into your bladder to drain the urine.
- A higher risk in smokers. This may cause wound and chest infections, heart and lung problems and blood clots in the veins.

D. Significant risks and procedure options
(Doctor to document in space provided. Continue in Medical Record if necessary.)

D. Risks of not having this procedure
(Doctor to document in space provided. Continue in Medical Record if necessary.)

E. Anaesthetic
This procedure may require an anaesthetic. (Doctor to document type of anaesthetic discussed)
F. 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:

- Epidural and Spinal Anaesthetic
- About Your Anaesthetic
- Burch Colposuspension

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,

I request to have the procedure

Name of Patient:__________________________________________________________
Signature:_______________________________________________________________
Date:...............................................................................................................

Patients who lack capacity to provide consent

Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?

☐ Yes ▶ Location of the original or certified copy of the AHD:

☐ No ▶ Name of Substitute Decision Maker/s: _________________________________
Signature: ______________________________________________________________
Relationship to patient: ___________________________________________________ 
Date: __________________ PH No: ___________________________________________ 

Source of decision making authority (tick one):

☐ Tribunal-appointed Guardian
☐ Attorney/s for health matters under Enduring Power of Attorney or AHD
☐ Statutory Health Attorney
☐ If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

G. 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: .............................................................................................................

H. 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

### Burch Colposuspension

1. **What do I need to know about this procedure?**
   - The cut is made across the upper edge of the pubic hair. This allows the surgeon to get to the bladder neck. Stitches are placed in tissues next to the bladder neck. This is to hang it from ligaments on the front of the pelvic bone. These stitches support the bladder neck. This has a very high success rate (better than 9 in 10 women) of treating genuine stress incontinence.

2. **My anaesthetic**
   - This procedure will require an anaesthetic. See Epidural and Spinal Anaesthetic and/or About Your Anaesthetic 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.

3. **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, Aspirin, 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:**
   - The bladder may be over-active after the operation. You may need to go to the toilet a lot, may have sudden urge to pass urine and may leak urine.
   - These symptoms maybe controlled by bladder retraining and drug therapy. The drug therapy is then slowly cut back.
   - A rupture (hernia) through the top of the vagina. Sometimes further surgery is needed if the hernia becomes too big.
   - Haemorrhage from large arteries and veins about the bladder, vagina and pelvis. This may require a blood transfusion and further surgery.
   - Infection in the operation site, pelvis or urinary tract. This may require treatment with antibiotics.
   - Injury to adjacent organs eg. Bladder. This may require further surgery.
   - Injuries to the ureter or the urethra. This may require further surgery.
   - Problems with passing urine. This is rare, but may need long term care. If this does happen, you may have to pass a tube into your bladder to drain the urine.
   - A higher risk in smokers. This may cause wound and chest infections, heart and lung problems and blood clots in the veins.

4. **What do I need to know about recovery from this procedure?**
   - If no other surgery is done at the same time, it will take 4 to 6 weeks to get back to normal. You should not have sex during this time.
   - After 4 to 6 days in hospital, you should be passing urine normally and can then go home. Take it easy for the next week or two. Slowly increase your activity until you are back to normal.
   - Most of these operations work well in treating genuine stress incontinence in the long term.

   **Notes to talk to my doctor about:**
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