Gleneagles Hospital
HONG KONG
港怡醫院

Hosp No.	:	HKID No.:	
Case No.	:		
Name	:		
DOB	:	M / F	
Adm Date	:		
Contact No.	:		

Procedure Information Sheet – Sacrocolpopexy

Clinical diagnosis: vault prolapse

Indication for surgery: vault prolapse with bothersome symptoms / failed non-surgical treatment / patient's request / _____

1. Nature of operation

1.1. General anaesthesia
1.2. Abdominal incision
1.3. Peritoneal cavity entered
1.4. Vagina is freed from the bladder at the front and the rectum at the back
1.5. The top and the back of the vagina is attached to a ligament on the lower part of the sacral bone using a piece of synthetic mesh/tape
1.6. The mesh is covered by a layer of tissue called peritoneum that lines the abdominal cavity
1.7. All tissue removed will be sent to the Department of Pathology or disposed of as appropriate unless otherwise specified
1.8. Photographic and/or video images may be recorded during the operation for education/research purpose. Please inform our staff if you have any objection.
1.9. After operation, a Foley catheter is inserted to drain the bladder for a short period

2. Benefits of intended procedure

2.1. The prolapse will be reduced in over 90%
2.2. The discomfort associated with the prolapse will be alleviated

3. Risks and complications (may include, but are not limited to the followings)

3.1. Women who are obese, who have significant pathology, who have undergone previous surgery or who have pre-existing medical conditions must understand that the quoted risks for serious or frequent complications will be increased.
3.2. Anaesthetic complications
3.3. Serious:
  3.3.1. Excessive bleeding, may need blood transfusion
  3.3.2. Injury to adjacent organs including bowel or urinary tract (up to 8 in every 100, common)
  3.3.3. Deep vein thrombosis and pulmonary embolism
  3.3.4. Development of new urinary symptoms like urinary incontinence (up to 9 in every 100, common) osteomyelitis (rare)
  3.3.5. Mesh erosion (up to 12 in every 100, very common)
  3.3.6. Recurrence of prolapse (up to 6 in every 100, common)
3.4. Frequent:
  3.4.1. Fever
  3.4.2. Postoperative pain
  3.4.3. Urinary tract infection
  3.4.4. Wound complications including infection and hernia
  3.4.5. Pain during sexual intercourse (up to 15 in every 100, common)

4. Risks of not having the procedure

4.1. Progression and deterioration of disease condition with increasing discomfort
4.2. Increasing disturbance to normal bowel and voiding function

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5. Possible alternatives to treat your problem

5.1. Observation if symptom tolerable

6. Other associated procedures (which may become necessary during the operation)

6.1. Blood transfusion

6.2. Surgery for treating co-existing stress incontinence

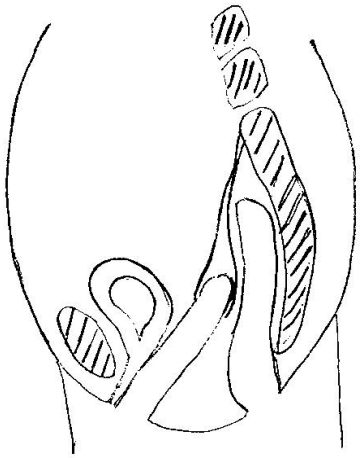
6.3. Surgery for treating prolapse involving other parts of the vagina

7. Special follow-up issue

7.1. Taking a shower after the operation is fine. You should avoid intercourse, swimming or taking a bath until examination by doctor after 6 weeks to confirm wound healing.

8. Statement of patient

8.1. Procedure(s) which should not be carried out without further discussion



I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____