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 – Sacrospinous Fixation

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. Vaginal incision
1.3. Repair of cystocele and rectocele
1.4. Dissection done to the side of rectum
1.5. Ischial spine palpated
1.6. Use the Miya hook to attach the vaginal vault to the sacrospinous ligament perineorrhaphy
1.7. May need to insert a piece of vaginal gauze, a Foley catheter and a drain after the operation
1.8. All tissue removed will be sent to the Department of Pathology or disposed of as appropriate unless otherwise specified
1.9. Photographic and/or video images may be recorded during the operation for education/research purpose. Please inform our staff if you have any objection.

2. Benefits of intended procedure

2.1. The prolapse will be reduced in 70-90%
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 requiring blood transfusion (2 in every 100, common)
  3.3.2. Injury to adjacent organs including bladder, urinary tract, bowel and major blood vessels (up to 1 in every 100, uncommon), repair may be required
  3.3.3. Injury to nerve resulting in gluteal or thigh pain and perineal paresthesia (up to 4 in every 100, common)
  3.3.4. Laparoscopy or laparotomy as a result of complications postoperative voiding difficulty (up to 3 in every 100, common)
  3.3.5. Pelvic haematoma (2 in every 100, common)
  3.3.6. Deep vein thrombosis and pulmonary embolism
  3.3.7. Development of overactive bladder symptoms (1 in every 100, common)
  3.3.8. Development of stress urinary incontinence due to change in anatomy
  3.3.9. Dyspareunia (up to 1 in every 10, common)
  3.3.10. Recurrence of vault prolapse (1.8 in every 10, very common)
  3.3.11. Development of cystocele (3 in every 10, very common)
3.4. Frequent:
  3.4.1. Urinary tract infection (6 in every 100, very common)
  3.4.2. Postoperative pain
  3.4.3. Wound infection (1.6 in every 100, common)

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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

5. Possible alternatives to treat your problem

5.1. Observation if symptom tolerable
5.2. Non-surgical treatment e.g. ring pessary
5.3. Sacrocolpopexy
5.4. Colpocleisis
5.5. Others

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

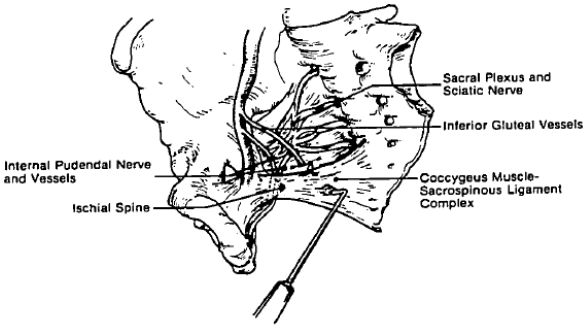
6.1. Blood transfusion
6.2. Surgery for treating co-existing stress incontinence
6.3. Surgery for treating prolapse involving other parts of the vagina
6.4. Repair of bladder and bowel injury
6.5. Laparoscopy or conversion to laparotomy

7. Special follow-up issue

7.1. Avoid intercourse, swimming or taking a bath until examination by doctor at follow- up. Taking a shower is fine.

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: _____