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 – Tension-Free Vaginal Tape (TVT)

Clinical diagnosis: Urodynamic stress incontinence

Indication of surgery: severe symptoms / failed non-surgical treatment / patient's request /

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1. Nature of operation

1.1. General/regional anaesthesia
1.2. Small vaginal incision near urethra
1.3. Two small (about 1cm) incisions are made in the lower abdomen
1.4. Passage of a synthetic tape on either side of the urethra through the vaginal incision. The ends of the tape are brought out through the abdominal incisions
1.5. Cystoscopy to look for bladder injury
1.6. Vaginal and abdominal incisions closed
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.

2. Benefits of intended procedure

2.1. Stress incontinence will improve after operation in over 80-90%

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. Bleeding and haematoma (1.9 in every 100, common), may require blood transfusion (6 in every 1000, uncommon)
  3.3.2. Bladder injury up to 9 in every 100(common)
  3.3.3. Bowel or urethral injury, repair may be required
  3.3.4. Possible voiding difficulty (up to 4 in every 100, common) which may require intermittent self-catheterization;
  3.3.5. 1.7 in every 100(common) voiding dysfunction may be prolonged and lasted more than 6 months
  3.3.6. Development of overactive bladder symptoms (up to 1.5 in every 10, very common)
  3.3.7. Tape erosion into adjacent organs (9 in every 1000, uncommon)
3.4. Frequent:
  3.4.1. Urinary tract infection (1 in every 10, very common)
  3.4.2. Wound complications including infection and hernia (2-5 in every 100, common)

4. Risk of not having the procedure

4.1. Progression and deterioration of disease condition

5. Possible alternatives

5.1. Non-surgical treatment e.g. Pelvic floor exercise
5.2. Possible medical therapy
5.3. Burch colposuspension
5.4. Others _____

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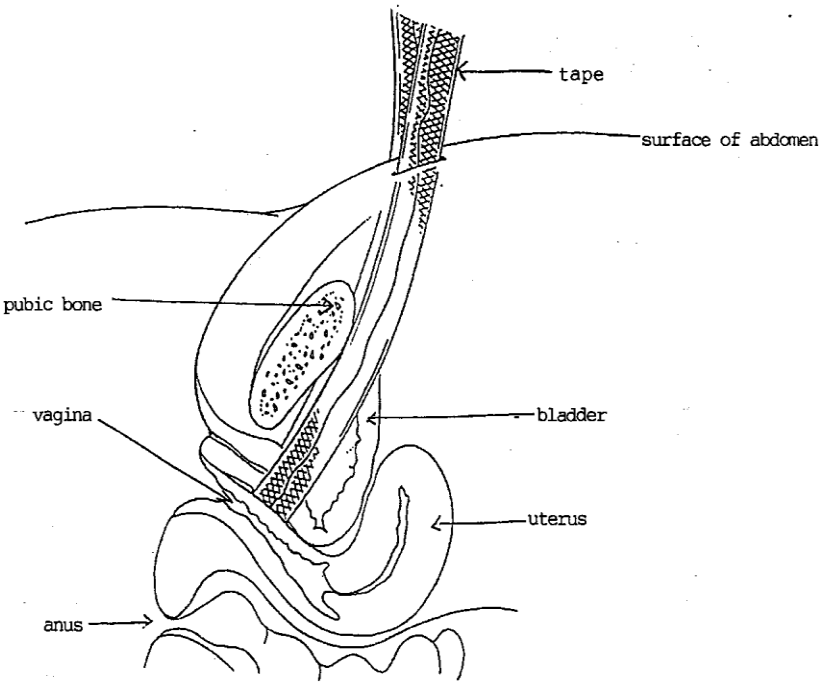
6. Other associated procedures (which may become necessary during the operation)

6.1. Surgery for co- existing genital prolapse

7. Statement of patient

7.1. 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: _____