

# Procedure Information Sheet – Vaginal Hysterectomy & Pelvic Floor Repair

Hosp No.	:	HKID No.:
Case No.	:	
Name	:	

M/F

Adm Date : Contact No.:

#### 1. Introduction

- 1.1. Clinical diagnosis: genital prolapse
- 1.2. Indication of surgery: bothersome dragging discomfort / adverse effect on bowel or urinary function / failed non-surgical treatment /

DOB

#### 2. Nature of operation

- 2.1. General/regional anaesthesia
- 2.2. Vaginal incision
- 2.3. Uterus removed vaginally
- 2.4. Ovaries and tubes may be removed but not in case difficulty encountered
- 2.5. Pelvic floor supporting tissue/ligament strengthened with sutures
- 2.6. Redundant vaginal tissue excised and vaginal wound closed
- 2.7. Perineorrhaphy
- 2.8. A piece of vaginal gauze and a Foley catheter will be inserted after operation; a drain may be needed
- 2.9. All tissue removed will be sent to the Department of Pathology or disposed of as appropriate unless otherwise specified
- 2.10. Photographic and/or video images may be recorded during the operation for education/ research purpose. Please inform our staff if you have any objection

### 3. Benefits of intended procedure

- 3.1. Relief of prolapse symptoms
- 3.2. Possible improvement in voiding and/or defaecation difficulty

# 4. Other consequences after the procedure

4.1. The uterus will be removed (loss of reproductive and menstrual function for women in reproductive age)

#### 5. Risks and complications may include, but are not limited to the followings

- 5.1. 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.
- 5.2. Anaesthetic complications
- 5.3. Serious
  - 5.3.1. Bleeding, may require blood transfusion or return to theatre (2 in every 100, common)
  - 5.3.2. Injury to adjacent organs especially the bladder (2 in every 1000, uncommon), ureters (2 in every 1000, uncommon) and bowel (5 in every 1000, uncommon), repair may be required
  - 5.3.3. Return to theatre because of complications like bleeding, wound dehiscence
  - 5.3.4. New or continuing bladder dysfunction, including difficulty in voiding, which may result in long term catheterization or intermittent self-catheterization (variable, related to underlying problem)
  - 5.3.5. Pelvic abscess (3 in every 1000, uncommon)
  - 5.3.6. May develop or unmask stress urinary incontinence (variable, related to underlying problem) adhesion in vagina
  - 5.3.7. Vault prolapse, reoperation rate can be up to 3 in every 10 (very common) after a prior prolapse repair

#### 5.4. Frequent

- 5.4.1. Urinary tract infection, retention or frequency
- 5.4.2. vaginal bleeding
- 5.4.3. Postoperative pain and difficulty and/or pain with intercourse
- 5.4.4. Wound infection



GOBG-F36E-R3-02/25 Page 1 of 2

Hosp No. : HKID No.:

Case No. :

Name

DOB : M/F

Adm Date : Contact No.:



# Procedure Information Sheet – Vaginal Hysterectomy & Pelvic Floor Repair

## 6. Risk of not having the procedure

6.1. Progression and deterioration of disease condition that affect quality of life

7	Possib	le al	ternat	ives

- 7.1. Observation
- 7.2. Non-surgical treatment using ring pessary
- 7.3. Others \_\_

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

- 8.1. Blood transfusion
- 8.2. Repair of bladder and bowel injury
- 8.3. Laparoscopy or conversion to laparotomy
- 8.4. Surgery for co-existing stress urinary incontinence
- 8.5. Sacrospinous fixation

#### 9. Special follow-up issue

9.1. Avoid intercourse until examination by doctor at follow up

# 10. Remark

10.1. The above mentioned procedural information is by no means exhaustive, other unforeseen complications may occur in special patient groups or different individual. Please contact your physician for further enquiry.

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:	
Data	

