Department of Obstetrics & Gynaecology - The University of Hong Kong

PREOPERATIVE INFORMATION SHEET FOR VAGINAL HYSTERECTOMY & PELVIC FLOOR REPAIR

Clinical diagnosis: genital prolapse

Indication of surgery: bothersome dragging discomfort / adverse effect on bowel or urinary function / failed non-surgical treatment / _____

Nature of operation:
- general/regional anaesthesia
- vaginal incision
- uterus removed vaginally
- ovaries and tubes may be removed but not in case difficulty encountered
- pelvic floor supporting tissue/ligament strengthened with sutures
- redundant vaginal tissue excised and vaginal wound closed
- perineorrhaphy
- perform cystoscopy to look for urinary tract injury
- a piece of vaginal gauze and a Foley catheter will be inserted after operation; a drain may be needed
- all tissue removed will be sent to the Department of Pathology or disposed of as appropriate unless otherwise specified
- photographic and/or video images may be recorded during the operation for education/ research purpose. Please inform our staff if you have any objection

Benefits of intended procedure:
- relief of prolapse symptoms
- possible improvement in voiding and/or defaecation difficulty

Other consequences after the procedure: the uterus will be removed (loss of reproductive and menstrual function for women in reproductive age)

Risks and complications may include, but are not limited to the followings:
- 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.
- Anaesthetic complications
- Serious
  - bleeding, may require blood transfusion or return to theatre (2 in every 100, common)
  - 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
  - return to theatre because of complications like bleeding, wound dehiscence
  - 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)
  - pelvic abscess (3 in every 1000, uncommon)
  - may develop or unmask stress urinary incontinence (variable, related to underlying problem)
  - adhesion in vagina
  - vault prolapse, reoperation rate can be up to 3 in every 10 (very common) after a prior prolapse repair
- Frequent
  - urinary tract infection, retention or frequency
  - vaginal bleeding
  - postoperative pain and difficulty and/or pain with intercourse
  - wound infection

Risk of not having the procedure: progression and deterioration of disease condition that affect quality of life

Possible alternatives:
- observation

- non-surgical treatment using ring pessary
- others _____

Other associated procedures (which may become necessary during the operation):
- blood transfusion
- repair of bladder and bowel injury
- laparoscopy or conversion to laparotomy
- surgery for co-existing stress urinary incontinence
- sacrospinous fixation

Special follow-up issue: avoid intercourse until examination by doctor at follow up

Statement of patient: procedure(s) which should not be carried out without further discussion

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I acknowledge that the above information concerning my operation/procedure have been explained to me and discussed with me by the medical staff and I fully understand them. I have been given the opportunities to ask questions pertinent to my condition and management and satisfactory answers have been provided by medical staff.

Signature _____

Date _____