

PREOPERATIVE INFORMATION SHEET FOR SACROCOLPOPEXY

Clinical diagnosis: vault prolapse

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

Nature of operation:

- general anaesthesia
- abdominal incision
- peritoneal cavity entered
- vagina is freed from the bladder at the front and the rectum at the back
- 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
- the mesh is covered by a layer of tissue called peritoneum that lines the abdominal cavity
- 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.
- after operation, a Foley catheter is inserted to drain the bladder for a short period

Benefits of intended procedure:

- the prolapse will be reduced in over 90%
- the discomfort associated with the prolapse will be alleviated

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
 - excessive bleeding, may need blood transfusion
 - injury to adjacent organs including bowel or urinary tract (up to 8 in every 100, common), may require repair and/or faecal/urinary diversion
 - deep vein thrombosis and pulmonary embolism
 - development of new urinary symptoms like urinary incontinence (up to 9 in every 100, common)
 - osteomyelitis (rare)
 - pelvic infection or abscess
 - mesh erosion (up to 12 in every 100, very common)
 - recurrence of prolapse (up to 6 in every 100, common)
- Frequent
 - fever
 - postoperative pain
 - urinary tract infection
 - wound complications including infection and hernia
 - pain during sexual intercourse (up to 15 in every 100, common)

Risks of not having the procedure:

- progression and deterioration of disease condition with increasing discomfort
- increasing disturbance to normal bowel and voiding function

Possible alternatives to treat your problem:

- observation if symptom tolerable
- non-surgical treatment e.g. ring pessary
- sacrospinous fixation

- colpocleisis
- others _____

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

- blood transfusion
- surgery for treating co-existing stress incontinence
- surgery for treating prolapse involving other parts of the vagina

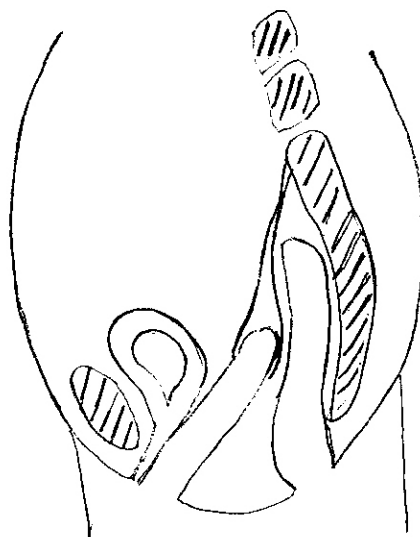
Special follow-up issue: Taking a shower after the operation is fine. You should avoid intercourse, swimming or taking a bath until examination by doctor after 6 weeks to confirm wound healing.


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

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 _____



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