

PREOPERATIVE INFORMATION SHEET FOR BURCH COLPOSUSPENSION

Clinical diagnosis: urodynamic stress incontinence

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

Nature of procedure:

- general/regional anaesthesia
- abdominal incision
- space behind the pubic bone entered(abdominal cavity need not be entered)
- bladder neck region identified
- stitches placed into the tissue on either side of bladder neck and attached to a ligament on each side of the pelvis
- stitches are tied and the bladder neck is lifted up
- 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 small plastic tube is placed in the surgical site to drain excessive blood which may accumulate
 - a suprapubic catheter to drain the urinary bladder

Benefits of intended procedure: the symptom of stress incontinence will be alleviated in over 80%

Other consequences after the procedure: the anterior vaginal wall and bladder neck are elevated

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, haematoma formation, may require blood transfusion
 - injury to urethra, bladder or ureters, may require repair and/or urinary diversion
 - deep vein thrombosis and pulmonary embolism
 - voiding difficulty (1 in every 10, common) and urinary retention which may necessitate bladder drainage with a catheter or even self-catheterisation
 - failure to improve the incontinence symptoms (1 in 10, common)
 - development of urgency urinary incontinence (17 in every 100, common)
 - development of vaginal wall prolapse (13 in every 100, common), may require treatment in future
 - migrating sutures (rare)
- Frequent
 - postoperative pain
 - urinary tract infection
 - wound complications including infection and hernia

Risks of not having the procedure: progression and deterioration of disease condition

Possible alternatives

- observation if symptom tolerable
- non-surgical treatment e.g. pelvic floor exercise
- other operation like TVT
- possible medical treatment

● others _____

Other associated procedures (which may become necessary during the operation): additional surgery to treat co-existing vaginal wall prolapse

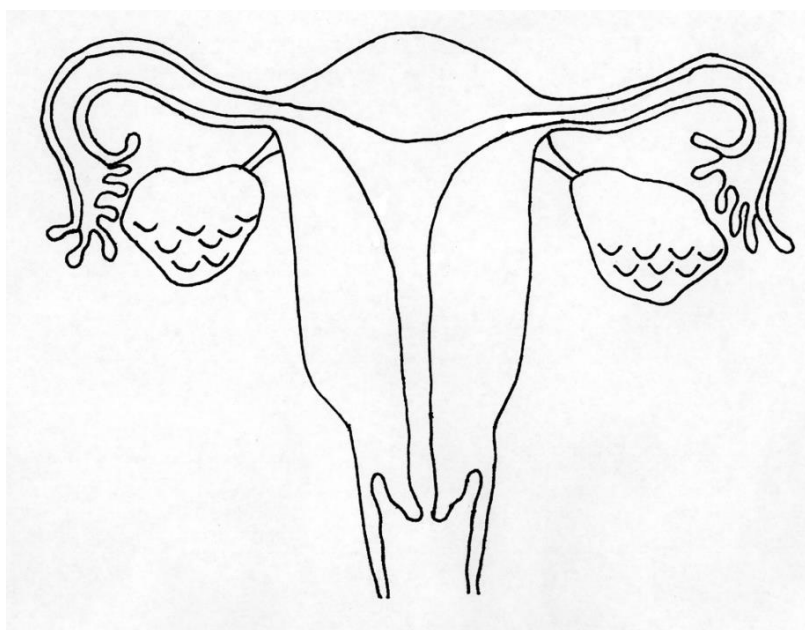
Statement of patient: procedure(s) which should not be carried out without further discussion


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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