Department of Obstetrics & Gynaecology - The University of Hong Kong

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 _____