

PREOPERATIVE INFORMATION SHEET FOR SACROSPINOUS FIXATION

Clinical diagnosis: vault prolapse

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

Nature of operation:

- general anaesthesia
- vaginal incision
- repair of cystocele and rectocele
- dissection done to the side of rectum
- ischial spine palpated
- use the Miya hook to attach the vaginal vault to the sacrospinous ligament
- perineorrhaphy
- perform cystoscopy to look for urinary tract injury
- may need to insert a piece of vaginal gauze, a Foley catheter and a drain after the operation
- 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:

- the prolapse will be reduced in 70-90%
- 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 requiring blood transfusion (2 in every 100, common)
 - injury to adjacent organs including bladder, urinary tract, bowel and major blood vessels (up to 1 in every 100, uncommon), may require repair and/or urinary/faecal diversion
 - injury to nerve resulting in gluteal or thigh pain and perineal paresthesia (up to 4 in every 100, common)
 - laparoscopy or laparotomy as a result of complications
 - postoperative voiding difficulty (up to 3 in every 100, common)
 - pelvic haematoma (2 in every 100, common)
 - deep vein thrombosis and pulmonary embolism
 - development of overactive bladder symptoms (1 in every 100, common)
 - development of stress urinary incontinence due to change in anatomy
 - dyspareunia (up to 1 in every 10, common)
 - recurrence of vault prolapse (1.8 in every 10, very common)
 - development of cystocele (3 in every 10, very common)
- Frequent
 - urinary tract infection (6 in every 100, very common)
 - postoperative pain
 - wound infection (1.6 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
- sacrocolpopexy
- colpocleisis
- others _____

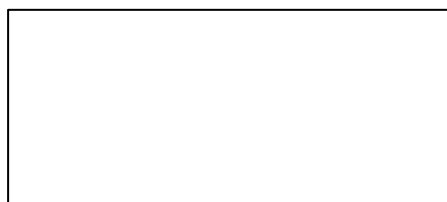
Other associated procedures (which may become necessary during the operation):

- blood transfusion
- surgery for treating co-existing stress incontinence
- surgery for treating prolapse involving other parts of the vagina
- repair of bladder and bowel injury
- laparoscopy or conversion to laparotomy

Special follow-up issue: avoid intercourse, swimming or taking a bath until examination by doctor at follow-up. Taking a shower is fine.

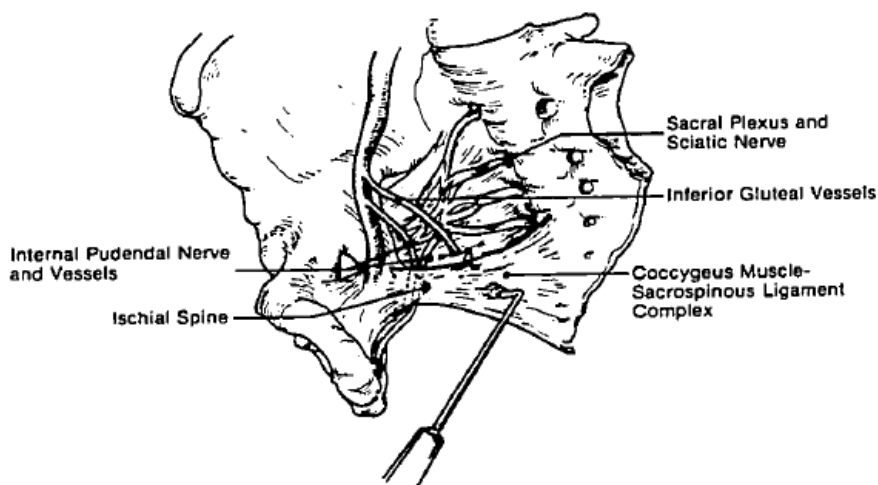
Statement of patient: procedure(s) which should not be carried out without further discussion


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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