

Sacrocolpopexy for Prolapse with Hysterectomy with or without removal of ovaries.

- I know of plans to use a **permanent** mesh prosthesis in my prolapse or incontinence surgery.
- My doctor has obtained specialized training in this technique.
- My doctor has told me that bowel, bladder, urethra, ureters, rectum or blood vessels may be injured during surgery and that this may require additional surgery now or later.
- My doctor has discussed the risks of surgery including but not limited to infection, bleeding, possible large abdominal incision, possible completion of procedure by vaginal approach, prolonged hospitalization, prolonged catheterization, deep vein thrombosis, and death.
- My doctor has told me that additional surgery could be required if complications develop, such as, failure of the procedure, infection or erosion of the mesh into the vagina, bladder, ureters, urethra, or rectum. My doctor has told me that surgery for any complications may or may not correct the complication.
- My doctor has told me that other complications may affect my quality of life, such as, long lasting pelvic pain and pain with intercourse. Scarring and narrowing of the vaginal walls may occur. If this does not improve I may need abdominal incision for removal of mesh.
- My doctor has given me a copy of the patient labeling from the mesh manufacturer.
- My doctor has informed me about the FDA warning first in 2008 and updated in 2011 concerning mesh for incontinence and pelvic organ prolapse.
- My doctor has discussed risk of urinary incontinence and voiding dysfunction post operatively especially increased or persistence urgency, frequency, and over active bladder. This can occur despite what studies done prior to surgery may show.
- My doctor has discussed the possibility of need for foley catheter post operatively if I am unable to void completely after surgery.
- My doctor has told me that bowel function is unpredictable postoperatively; surgery may help, not change, or even worsen any present symptoms.
- My doctor explained possibility of diminished energy level, diminished appetite, lifestyle modification including no lifting and pelvic rest postoperatively until cleared by a provider.
- Discussed risks and benefits of removal of tubes and ovaries including ovarian cancer risk, role in sexual function (testosterone), need for postoperative hormone therapy with pros of cardio protection, colon cancer, etc, and cons of DVT, minimal increase in breast cancer, etc.

Patient Signature _____ Date: _____
[] Guardian [] Legally authorized representative

Witness _____ Physician _____