

Suburethral Sling with Mesh/Graft for Urinary Incontinence

- I know of plans to use a **permanent** mesh or graft prosthesis in my incontinence surgery. The technique to be used is called **suburethral sling with mesh or graft**.
- 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, 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, 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.
- My doctor has informed me about the FDA warning first in 2008 and updated in 2010 concerning mesh for incontinence and pelvic organ prolapse.
- My doctor has given me a copy of the patient labeling from the mesh/graft manufacturer.
- My doctor has discussed risk of urinary incontinence and voiding dysfunction post operatively especially increased or persistence urgency, frequency, and over active bladder.
- My doctor has discussed the possibility of need for foley catheter post operatively if I am unable to void completely after surgery. If this does not improve I may need urethrolisis or possible take down of the sling.
- 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.

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

Witness _____ Physician _____