

## Vaginal Vault Suspension via Vaginal Approach for Prolapse

- The type of surgery to be performed is called modified Mayo McCalls, Sacrospinous Suspension, Extra Peritoneal Colpopexy (Circle one). This will be performed with/without other vaginal repairs.
- 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, **failure of the procedure**. My doctor has told me that surgery for any complications may or may not correct the complication.
- My doctor has told me about the risk of severe postoperative pelvic pain that can last several weeks for which you may require removal of the suture or undoing of the surgery.
- 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, narrowing, or shortening of the vagina may occur.
- 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.

Patient Signature \_\_\_\_\_ Date: \_\_\_\_\_  
[ ] Guardian [ ] Legally authorized representative

Witness \_\_\_\_\_ Physician \_\_\_\_\_