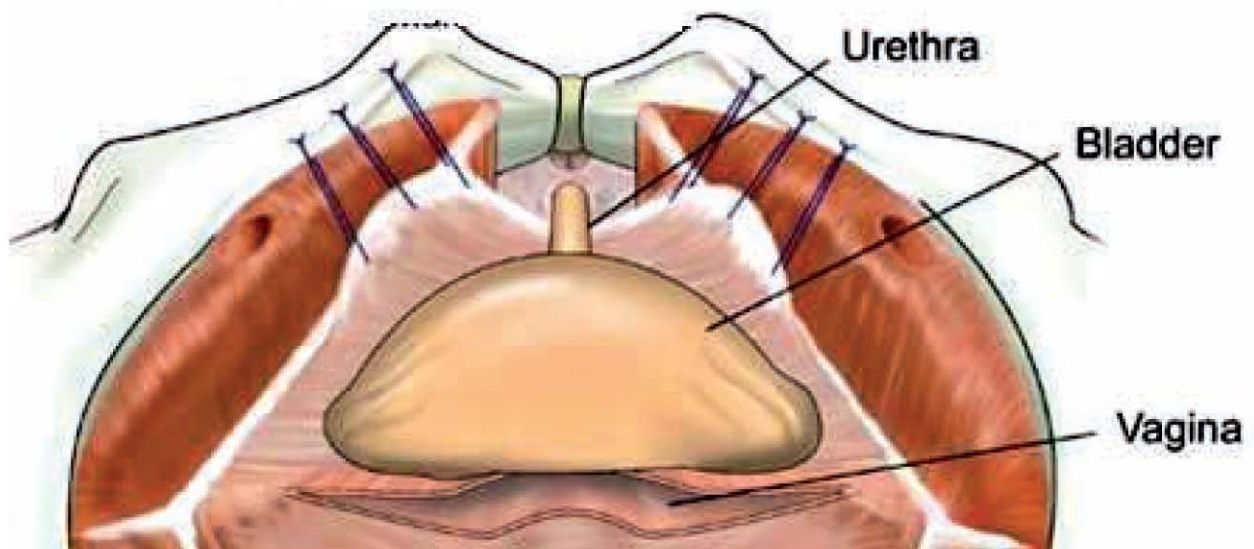


# INFORMATION SHEET & CONSENT FORM

## Laparoscopic Burch Colposuspension / Paravaginal Repair

The aim of this operation is to correct stress urinary incontinence. The laparoscopic approach results in less postoperative pain, shorter hospitalisation and a quicker return to normal activities than the traditional open cut. The colposuspension is generally regarded as the gold standard in treating stress urinary incontinence with a longterm success rate 85%. The long term success rate of our laparoscopic approach to this surgery is unknown. We know that up to 5 years after the surgery the success rates are equal to the open approach.

**WHAT IS DONE DURING THE PROCEDURE:** laparoscopic surgery is performed under general anaesthesia (fully asleep). The laparoscopic surgery is identical to the open approach except the incisions in the abdomen are different. In the open surgery a low horizontal incision (Pfannenstiel) is made in the lower pelvis approximately 10 - 15cm in size, compared to 3 incisions totalling 2cm in the laparoscopic technique. At surgery the bladder outlet is re-supported by 4 - 6 permanent sutures suspending the vagina from the ligaments on the pubic bone. A cystoscopy is performed at the end of the surgery to ensure no damage has occurred to the lower urinary tract. The small skin incisions are closed with an absorbable suture that does not require removing.



Surgery will be covered with antibiotics to decrease the risk of infection and blood thinning agents will be used to decrease the risk of clots forming in the postoperative phase. A catheter will drain your bladder from the first day following surgery.

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Serious complications are rare with this type of surgery. However, no surgery is without risk and the main potential complications are listed below.

- Failure rate of 10 - 15%
- Developing urgency, or urge incontinence after the operation 5%
- Urinary tract infections and wound infections in 5% of patients
- Difficulty emptying the bladder that necessitates prolonged self catheterisation in 1%
- Damage to the bowel, bladder or lower urinary tract requiring further surgery <1%
- Blood loss requiring transfusion <1%
- Clotting in the legs or lungs <1%
- The development of new vaginal prolapse after the operation in 10%
- Long - term pubic pain in <1%
- Conversion from the laparoscopic to the open <1%

**IN HOSPITAL:** You can expect a 1 - 3 day hospitalisation. After the operation you will have an IV drip in your arm and a catheter will drain your bladder for 24 hrs. In the early postoperative period the nurses will check that you are emptying your bladder appropriately. Skin sutures are absorbable and do not need to be removed.

**RECOVERY:** In the early postoperative period you should avoid situations where excessive pressure is placed on the repair ie lifting, straining, coughing and constipation. Maximal healing around the repair occurs at 3 months and care needs to be taken during this time. If you develop urinary burning, frequency or urgency you should see your local doctor. You will see Dr. O'Reilly or his team at 6 weeks for a review and sexual activity can usually be safely resumed at this time. You can return to work at approximately 3 - 6 weeks, depending on the amount of strain that will be placed on the repair at your work and on how you feel.

Avoid heavy lifting (>15kg), weight gain and smoking can minimise failure of the procedure in the longterm. If you have any questions about this information, you should speak to the doctor before your operation.

## CONSENT

I ..... Of.....

..... have read and understand the information.

I hereby consent to have this procedure performed.

...../...../.....

(patient signature)

(Date)

(Doctors Signature)

This consent form must be brought with you on admission to the hospital and when completed prior to surgery will form part of your medical record.