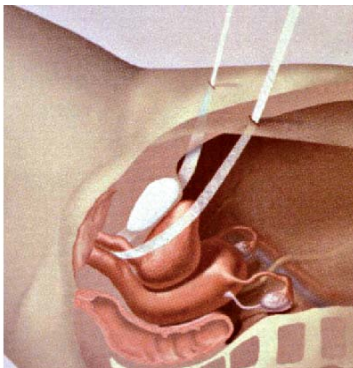


INFORMATION SHEET & CONSENT FORM

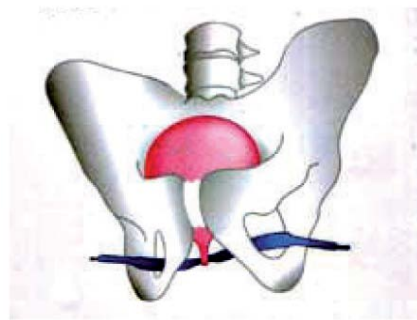
Tension - Free Vaginal Tape (TVT) Trans - Obturator tape (TOT)

This is a newer procedure for urinary stress incontinence. This procedure is performed under local or regional anaesthesia. Small incisions are made in the vagina and the permanent tape is introduced via the vagina to sit under the urethra. The needles used to introduce the tape are removed through small incisions on the lower abdomen as shown (A) or inner thigh (B). The advantage of performing this procedure under local or regional anaesthesia is the tape tension can be adjusted to control leakage while you cough. Early success rates after the procedure are in the order of 85-90%

TVT



TOT



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

- 10-15% failure in short term
- 1-5% voiding difficulties necessitating self-catheterisation after surgery
- 10-15% bladder irritability after the surgery
- 1-5% urinary tract infections
- Very small risk of damage to the bowel, bladder or urethra requiring further surgery
- Bleeding resulting in a need for blood transfusion in 1%
- 1-5% risk of wound infection
- <1% risk of blood clots in the legs or lungs
- <1% risk of mesh becoming infected or rejected necessitating removal of the tape.

IN HOSPITAL & RECOVERY

This is a day case surgery but you may need to stay in overnight. You may have a catheter in the bladder after the surgery and this will be removed later the same day. If other surgery is performed at the same time you will have a pack in the vagina for the first 24 hours. At home you will recover fairly quickly and will be able to return to light activities after 2 weeks. If you develop symptoms of a urinary tract infection (burning or stinging as you pass urine) you should see your local GP. You will see Dr. O'Reilly or his team 6 weeks after your surgery.

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 may form part of your medical record.