

Patient identifier/label

Patient Copy

<b>Name of proposed procedure</b> (Include brief explanation if medical term not clear)	<b>ANAESTHETIC</b>
<b>BURCH COLPOSUSPENSION</b> THIS PROCEDURE INVOLVES ELEVATION OF THE BLADDER NECK WITH SUTURES TO TREAT INCONTINENCE. THIS WILL INCLUDE A CYSTOSCOPIC EXAMINATION OF THE BLADDER. THE INCISION IS IN THE LOWER ABDOMEN	<input type="checkbox"/> - GENERAL/REGIONAL <input type="checkbox"/> - LOCAL <input type="checkbox"/> - SEDATION

**Statement of health professional** (To be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy) I have explained the procedure to the patient. In particular, I have explained:

**The intended benefits**

TO TREAT URINARY STRESS INCONTINENCE

**Serious or frequently occurring risks** including any extra procedures, which may become necessary during the procedure. I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient. Please tick the box once explained to patient

COMMON

TEMPORARY INSERTION OF A CATHETER (sometimes via a small incision in the skin) AND WOUND DRAIN

OCCASIONAL

FAILURE TO IMPROVE URINARY INCONTINENCE

RECURRENCE OF URINARY INCONTINENCE AT LATER TIME

RECURRING BLADDER INFECTIONS DUE TO POOR EMPTYING OF BLADDER

INFECTION IN THE INCISION REQUIRING FURTHER TREATMENT

RARE

WORSENING OF FREQUENCY AND URGENCY OF URINATION

RETENTION OF URINE REQUIRING PROLONGED CATHETERISATION OR SELF-CATHETERISATION

DISCOMFORT FROM PULLING OF SUTURES HOLDING UP THE BLADDER

IF SEXUALLY ACTIVE, DISCOMFORT WITH SEXUAL INTERCOURSE

DEVELOPMENT OF A RECTOCELE (BULGING OR PROLAPSE OF RECTUM)

PERFORATION OF THE BLADDER REQUIRING PROLONGED CATHETER OR SURGICAL REPAIR

ALTERNATIVE THERAPY: OBSERVATION, PHYSIOTHERAPY, PADS, INJECTION THERAPY AND SLINGS

**A blood transfusion** may be necessary during procedure and patient agrees **YES** or **NO** (Ring)

<b>Signature of Health Professional</b>	<b>Job Title</b>
<b>Printed Name</b>	<b>Date</b>

**The following leaflet/tape has been provided**

**Contact details** (if patient wishes to discuss options later)

**Statement of interpreter** (where appropriate) I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

**Signature of interpreter:**

**Print name:**

**Date:**