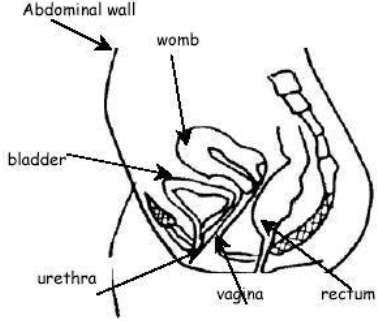


<p>CONSENT FORM FOR ANTERIOR VAGINAL REPAIR</p>	<p>Med Rec. No: <<Patient Demographics:Record Number>></p> <p>Surname:<<Patient Demographics:Surname>></p> <p>Forename: <<Patient Demographics:First Name>></p> <p>DOB: <<Patient Demographics:DOB>></p>
<p>This means repairing and strengthening the front vaginal wall, particularly where the bladder or the urethra has prolapsed.</p>	
<p>Under a general anaesthetic, the front vaginal wall is cut from behind the urinary opening to the top to allow the surgeon to expose the damaged tissues around the bladder and urethra. These tissues are reinforced using stitches that absorb slowly or that remain permanently. If necessary, any excess vaginal skin is cut away.</p> <p>The vaginal skin is then closed with an absorbable stitch and the vagina may have a sterile pack left in place for a day after the operation to absorb secretions and control minor bleeding. If necessary, this operation may be combined with other prolapse repairs.</p> <p>A urinary catheter is placed in the bladder and brought out through the urethra or the abdominal wall. This usually remains in place for a few days to keep the bladder empty and the area dry to allow healing to start.</p>	 <p>The diagram is a line drawing of the female pelvic region in a frontal view. It shows the abdominal wall on the left, the womb (uterus) in the center, the bladder below the womb, the urethra below the bladder, the vagina below the urethra, and the rectum on the right. Arrows point to each of these structures with their respective labels.</p>

RISKS

These are the more common risks. There may be other unusual risks that have not listed here. Please ask Dr Rana if you have any general or specific concerns.

I understand there are risks associated with any **anaesthetic**, and I can discuss these with the Anaesthetist. I may have side effects from any of the drugs used. The more common side effects include light-headedness, nausea, skin rash and constipation.

I understand that **anterior vaginal repair** has the following **general risks and limitations**:

- I may develop a clot in my legs (deep vein thrombosis) with pain and swelling. If part of the clot comes loose, it can travel to my lungs (pulmonary embolus), causing shortness of breath and occasionally even death. Patients are frequently given elasticated stockings to protect against clot formation, and some patients are placed on anticoagulant injections to provide further protection.
- I may develop small areas of collapse in my lungs (atelectasis) that increase my risk of getting a chest infection and that may require treatment with physiotherapy and antibiotics.

I understand that **anterior vaginal repair** has the following **specific risks and limitations**:

- My bladder prolapse may recur or persist.
- I may develop an infection in my urine (cystitis).
- There is a small chance I may develop stress urinary incontinence (losing a little urine involuntarily when I cough or sneeze), even if I didn't have that previously.
- I have a small risk that I may have difficulty passing urine and may need a catheter for a longer period of time.
- Rarely, the urethra or bladder is damaged during the operation. This is usually repaired at the same time, but if it is not, I may develop an abnormal opening between my bladder and vagina (fistula) that will mean I leak urine through my vagina. This may require further surgical treatment.
- Occasionally, my wound may bleed and rarely, I might need a blood transfusion.
- Unless the repair is combined with other repairs (such as a posterior repair), intercourse after the operation is unlikely to be affected. However, I understand I should avoid sexual intercourse for 6 weeks after the operation as it may be painful and cause bleeding.

I understand some of the above **risks are more likely** if I smoke, am overweight, diabetic, have high blood pressure or have had previous heart disease.

INDIVIDUAL RISKS:

I understand the following are possible significant **risks and complications specific to my individual circumstances**, that I have considered in deciding to have this operation:

.....
.....

DECLARATION BY PATIENT:

- I acknowledge that **Dr Rana** has informed me about the procedure, alternative treatments and answered my specific queries and concerns about this matter.
- I acknowledge that I have discussed with **Dr Rana** any significant risks and complications **specific to my individual circumstances** that I have considered in deciding to have this operation.
- I agree to **any other additional procedures** considered necessary in the judgement of my gynaecologist during this operation.
- I consent to a **blood transfusion**, if needed.
- I agree to the disposal by the hospital authorities of any tissues or parts that may be removed during the operation. I understand that some tissues or samples may be kept as part of my hospital records.
- I have received a copy of this form to take home with me.
- If any staff member is exposed to my blood (needle stick injury) then I consent to a sample of my blood being collected for testing for infectious diseases, such as hepatitis B, C and HIV. I understand that the blood sample will not be tested until I have been informed and I have given my consent.

Signature of Patient		Date	
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If the patient is unable to give consent, a proxy form must be completed and attached.

DECLARATION BY DOCTOR:

- I declare that I have explained the nature of the patient’s condition, the procedure to be performed, and discussed the risks that particularly concern the patient.
- I have given the patient an opportunity to ask questions and I have answered these.

Doctor’s Signature		Date	
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Doctor’s Name <i>(please print)</i>	Dr Ritu Rana
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INTERPRETER’S DECLARATION:

I confirm I have accurately interpreted the contents of this form and the related conversations between the patient and the doctor.

Interpreter’s Signature		Date	
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Interpreter’s Name <i>(please print)</i>	
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