

**PREOPERATIVE INFORMATION SHEET FOR
TENSION-FREE VAGINAL TAPE(TVT)**

Clinical diagnosis: Urodynamic stress incontinence

Indication of surgery: severe symptoms / failed non-surgical treatment / patient's request / _____

Nature of operation:

- general/regional anaesthesia
- small vaginal incision near urethra
- two small(about 1cm) incisions are made in the lower abdomen
- passage of a synthetic tape on either side of the urethra through the vaginal incision
- the ends of the tape are brought out through the abdominal incisions
- cystoscopy to look for bladder injury
- vaginal and abdominal incisions closed
- all tissue removed will be sent to the Department of Pathology or disposed of as appropriate unless otherwise specified
- photographic and/or video images may be recorded during the operation for education/research purpose. Please inform our staff if you have any objection.

Benefits of intended procedure: stress incontinence will improve after operation in over 80-90%

Risks and complications may include, but are not limited to the followings:

- Women who are obese, who have significant pathology, who have undergone previous surgery or who have pre-existing medical conditions must understand that the quoted risks for serious or frequent complications will be increased.
- Anaesthetic complications
- Serious
bleeding and haematoma (1.9 in every 100, common), may require blood transfusion (6 in every 1000, uncommon)
bladder injury up to 9 in every 100(common)
bowel or urethral injury, repair may be required
possible voiding difficulty (up to 4 in every 100, common) which may require intermittent self catheterization; 1.7 in every 100(common) voiding dysfunction may be prolonged and lasted more than 6 months
development of overactive bladder symptoms (up to 1.5 in every 10, very common)
tape erosion into adjacent organs (9 in every 1000, uncommon)
- Frequent
urinary tract infection (1 in every 10, very common)
wound complications including infection and hernia (2-5 in every 100, common)

Risk of not having the procedure: progression and deterioration of disease condition

Possible alternatives

- non-surgical treatment e.g. Pelvic floor exercise
- possible medical therapy
- Burch colposuspension
- others _____

Other associated procedures (which may become necessary during the operation): surgery for co-existing genital prolapse

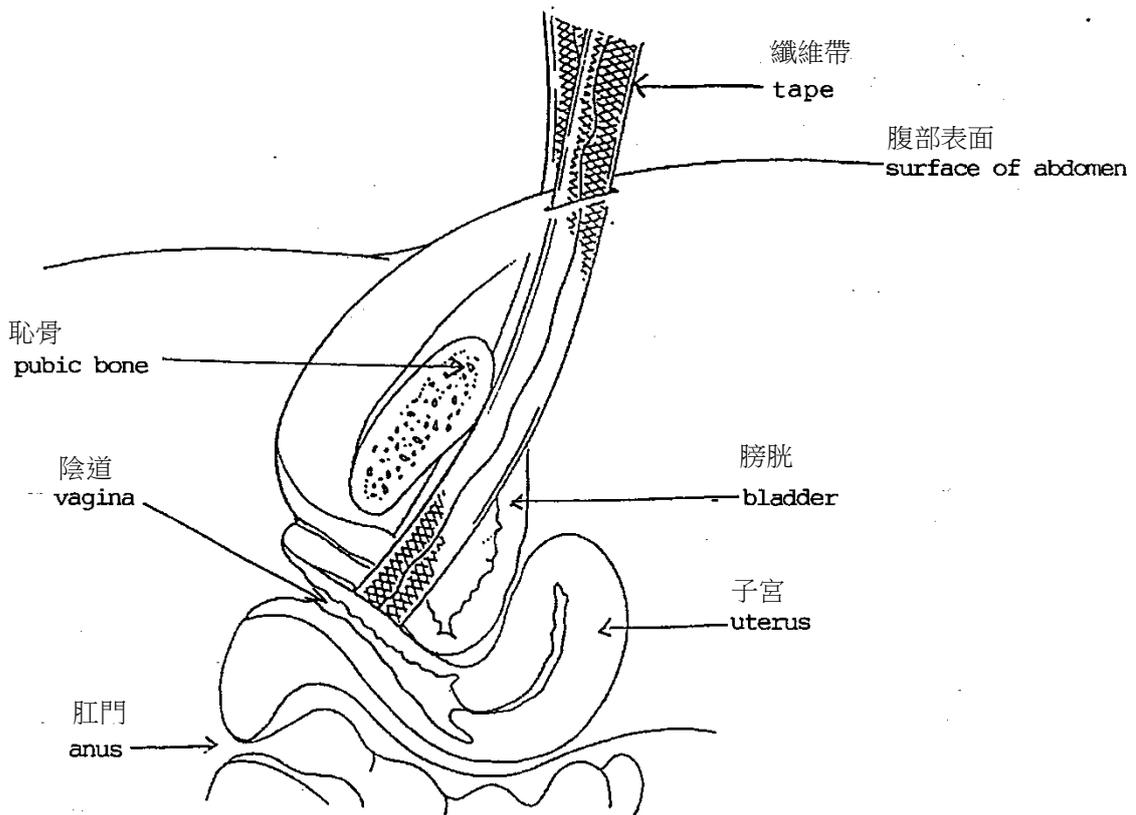
Statement of patient: procedure(s) which should not be carried out without further discussion

I acknowledge that the above information concerning my operation/procedure have been explained to me and discussed with me by the medical staff and I fully understand them. I have been given the opportunities to ask questions pertinent to my condition and management and satisfactory answers have been provided by medical staff.



Signature _____

Date _____



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