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Consent for pelvic prolapse repair with mesh

The doctor has explained that I have the following condition(s):

The following procedure(s) will be performed:

There is a certain amount of risk to any procedure. The risks of a pelvic prolapse repair with mesh placement include, but are not limited to, bleeding, infection, injury to blood vessels or nerves, puncture of the bladder, erosion of the sling into the vagina or urethra and urinary retention (being unable to urinate).

- Having the transobturator or other sling does not guarantee a 100% cure rate. I understand that most women (about 85-90%) will stop leaking urine. I also understand that some women (10-15%) only get minimal improvement.
- There is a 1% risk of inability or difficulty urinating after the surgery. There is a small chance that a urinary catheter will be necessary for an extended period of time. This can be corrected by loosening the sling, which requires a second minor surgery.
- Infection after this procedure is rare.
- Problems from the mesh are rare, but do occur. This includes infection, a 5% risk of mesh erosion into the vagina or urethra, and discomfort from the mesh itself. Sometimes the mesh has to be removed due to infection or erosion.
- If I have urinary frequency and urgency before surgery, there is only a 35-50% chance that it will improve with this surgery.
- During the procedure small cuts are usually made in the skin of my groin area. I understand that there is a small risk that my bladder may be punctured when the needle is passed. I also understand that this may result in some discomfort and take a while to heal completely.
- Anesthesia will be needed. I understand that with any anesthetic there are risks. I will discuss the type of anesthesia and risks with the anesthesiologist prior to the procedure.
- Routine physical activity may be limited for a short time after have the transobturator sling or other prolapse repair. Strenuous activity may be restricted for 4 - 6 weeks following the procedure.
- To ensure proper healing, I further understand that I should not have any sexual activity for 4-6 weeks.

I have read and understand the above:

Signed: _____ Date: _____

Please print name: _____