



Center for Sexual & Urinary Function

Patient Informed Consent: VAGINAL MESH REPAIR FOR PELVIC ORGAN PROLAPSE

1. OPERATION FOR PROCEDURE AND ALTERNATIVES: I, _____, (patient or guardian) both authorize Peter Niemczyk, M.D. and assistance of his choosing to perform the following operation for procedure to support vaginal prolapse of pelvic organs by repairing the weakened tissues and by placing a graft (using special synthetic known to create if material) under the prolapsed part to support it during increases in the abdominal pressure. This is called **colporrhaphy** (anterior, posterior) with **sacrospinal ligament fixation** and **pelvic mesh placement**. I understand the reason for the procedure is **prolapse of pelvic organs such as bladder, rectum, uterus or vaginal vault**. Alternatives include: observation, pessary, and other types of open surgical repair.

2. RISKS: This authorization is given with the understanding that any operation or procedure involves some risks and hazards. Intraoperative risks of the procedure include but are not limited to bleeding, inadvertent injury to pelvic organs and pelvic nerves that may lead to the abortion of the procedure. Early postoperative complication include **buttock pain, prolonged vaginal bleeding or spotting, urinary tract infection, opening of surgical wound with or without infection, ureteral obstruction, fistulas between pelvic organs and urinary leakage** due to unmasked urethral closure muscle weakness. At later stage the use of polypropylene mesh graft may lead to **vaginal mesh erosion** that can cause **bleeding, vaginal discharge and partner's discomfort** during intercourse, **bladder infection** due mesh protrusion into urinary tract, **pain during intercourse and pain in groin or pelvis**, reaction to graft material (inflammation, infection or allergic) requiring removal of the mesh. Late complication may include **vaginal scarring** leading to shortening or narrowing and **recurrent prolapse**. I also understand that the more common risks of any procedure include: allergic reaction (especially when anesthetics are used), bleeding, infection, nerve injury, blood clots, trauma to tissues and/or surrounding structures, heart attack and pneumonia. These are serious and possibly fatal.

3. ANESTHESIA: The administration of anesthesia also involves serious risks, most importantly a rare risk of reaction to medications causing death. I consent to the use of such anesthetics as may be considered necessary by the person responsible for these services except:

4. ADDITIONAL PROCEDURES: If my physician discovers a different, unsuspected condition at the time of surgery, I also authorize him or her to perform such other procedures as deemed necessary except: _____

5. RESULTS NOT GUARANTEED: I understand that the no guaranteed or assurance has been made as to the result of the procedure and that it **may not cure the condition**.

6. PATIENT'S CONSENT: I have read the and a fully understand this consent form, and understand I should not sign this form if all items, including all my questions, have not been explained or answered to my satisfaction or if I do not understand any of the terms or words contained in this consent form. If you have any questions as to the risks, hazards, or alternatives of the proposed procedure, ask your physician before signing this form. Do not sign unless you have read and thoroughly understand this form!

Patient/Responsible Party

Date

Time

AM
PM

Witness

Physician declaration: I have explained the contents of this document to the patient and have answered all patient questions, and to the best on my knowledge, the patient has been adequately informed. The patient has consented.

Physician's Signature

Date

Time

AM
PM

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