

## **MINIMAL ACCESS VENTRAL MESH RECTOPEXY FOR EXTERNAL RECTAL OR SYMPTOMATIC INTERNAL RECTAL PROLAPSE**

### **Additional Informed Consent Checklist**

This checklist is designed for both patients and doctors to ensure that all aspects of surgery have been explained and understood.

#### **I HAVE BEEN INFORMED OF AND UNDERSTAND THE FOLLOWING:**

1. The potential short-term and long-term benefits and complications (common and rare) of surgery for my condition
2. Alternatives to surgical management, including no treatment (“watch and wait”), physiotherapy, rectal irrigation, and/or an anal plug
3. Potential complications (both common and rare) of the proposed surgery and their possible effect on my quality of life. These include (but are not limited to) the following:
  - Chronic postoperative pain in the vagina, pelvis, abdomen, or groin and during sexual intercourse (risk, 5 in 100 cases)
  - Infection (risk, 1-2 in 100 cases)
  - Bleeding (occasionally requiring blood transfusion)
  - Deep venous thrombosis and pulmonary embolism
  - Injury to the vagina, bladder, ureter (tube connecting the kidney to the bladder), bowel, or blood vessel
  - New onset of faecal incontinence or worsening constipation
  - Recurrence of prolapse (risk, 1 in 5)
  - Ongoing symptoms (risk, 1 in 5)
  - New onset of urinary retention (inability to pass urine; risk, 1 in 10)
  - New bladder symptoms, such as difficulty passing urine or urinary incontinence
  - Sexual dysfunction
  - Scarring or shortening of the vagina
  - Formation of a fistula (an abnormal channel) between the bowel and bladder or vagina
  - Mesh erosion or migration of mesh into the vagina or rectum that may require another operation (risk, 2 in 100 cases) that may not completely resolve the problem
  - Inflammation of the area of bone at the bottom of the spine where the mesh has been secured (risk, 1 in 100 cases); this may require long-term antibiotics and not completely resolve.

#### **I CONFIRM THAT MY SURGEON HAS DISCUSSED THE FOLLOWING ISSUES WITH ME:**

1. Use of mesh in my procedure and the synthetic and biological types of mesh available.
2. The frequency of complications in patients who undergo this surgery as reported in the published studies, and the complication rates in patients in whom my surgeon has performed this surgery.

