DR DRAGANA DJORDJEVIC
SPECIALIST GYNECOLOGIST OBSTETRICIAN

11 DUNKIRK DRIVE
ALEXANDRA PARK
HARARE, ZIMBABWE

PR NO: 18192

EMAIL: GYN2.AFRICA@GMAIL.COM

ROOMS: (0242) 744582

ANTERIOR AND/OR POSTERIOR COLPORRHAPHY INFORMED CONSENT FORM

This is a surgical procedure used to repair a vaginal wall prolapse or herniation. In the case of an Anterior Colporrhaphy, a cystocele or urethrocele is repaired by tightening the anterior vaginal wall. This surgery by itself does not treat stress incontinence – an additional procedure is needed in women who have stress urinary incontinence along with a cystocele. A similar procedure, a Posterior Colporrhaphy, can be performed on the posterior wall of the vagina to repair a rectocele.

DESCRIPTION:

To perform the anterior colporrhaphy, an incision is made through the vagina to release a portion of the anterior (front) vaginal wall that is attached to the base of the bladder. The pubocervical fascia (the supportive tissue between the vagina and bladder) is folded and stitched to bring the bladder and urethra in proper position. There are several variations on this procedure that may be necessary, based on the severity of the prolapse. In performing a posterior colporrhaphy, an incision is made through the vagina to release a portion of the posterior (back) vaginal wall that is attached to the rectum. The puborectal fascia (the supportive tissue between the vagina and the rectum) is folded and stitched to bring the rectum in proper position.

RISKS OF AN ANTERIOR AND/OR POSTERIOR COLPORRHAPHY

Any operative procedure under the best of conditions carries with it potential risks, hazards and complications. These must be anticipated on a statistical basis. The risks may be divided into intraoperative and postoperative complications as well as anesthetic complications.

A. INTRAOPERATIVE COMPLICATIONS

1. Inadvertent perforation injury to the bladder.
2. Inadvertent laceration or injury to the large or small bowel with a small risk of having to have a colostomy.
3. Infection in the operative site, which could spread to other areas of the body.
4. Allergic reactions to medications.
5. Mild or severe hemorrhage (bleeding) possibly requiring blood transfusion with attendant risks of hepatitis and/or AIDS

B. **POSTOPERATIVE COMPLICATIONS**

1. Fistula formation (healing that leads to an abnormal passage) between the bladder and vagina, or the intestine and the vagina. This may require additional surgical procedures for repair of the fistula.
2. Infections a discussed above.
3. Delayed bleeding, as noted above.
4. Urinary tract infection, and inability to urinate (anterior colporrhaphy).
5. Loss of a kidney or a ureter, which may be cut or sutured.
6. Intestinal obstruction requiring an operation to release the obstruction.
7. Recurrent prolapse, and failure to correct the defect.
8. Dyspareunia (pain with intercourse), and vaginal stricture (narrowing).
9. Thrombophlebitis (inflammation of veins) and emboli (blood clots that may break loose in the veins) that can pass to the lungs and obstruct blood flow (pulmonary emboli). This can be a lifethreatening complication
10. Risk of death from this procedure or its complications is reported to be in the range of 1 to 2 per 100,000.

C. RISK OF ANESTHETIC COMPLICATIONS

1. Heart rate irregularities.
2. Respiratory irregularities.
3. Aspirations of stomach acid with serious pneumonia.
4. Sudden changes in blood pressure.
5. Allergic reactions
6. Stoppage of heart is a rare complication
7. Body may loose ability to control body temperature (malignant hyperthermia).
8. Risk of death, very rare. This list of possible complications does not include every possible complication, but include the great majority of potential risks involved in this surgery.

ALTERNATIVES TO SURGERY

The decision for an anterior colporrhaphy or posterior colporrhaphy rests upon the patient, utilizing information provided by her physician. The alternative of doing nothing is always available. In mild cases, your doctor may recommend trying pelvic floor muscle exercises first, before resorting to surgical treatment. In some women, a pessary (a device placed in the vagina to hold up the prolapse) can be used to avoid surgery. Specific alternatives should be discussed with your physician.

I have read and fully understand the information presented above and its relation to the proposed surgical procedure.

I also understand that there is no guarantee of the results of the surgery.

_____ _____

(Signature) (Date)

_____ _____

(Witness) (Date)