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CONSENT FORM FOR **VAGINAL REPAIR**

I have a type of hernia, or weakness, involving my pelvic floor.

I am consenting to have Dr. Heidtke perform repair of the vaginal wall(s). This means treatment of my:

cystocele (fallen anterior wall or bladder)

rectocele (fallen posterior wall or rectum)

vaginal prolapse (the top of the vagina has fallen)

The incisions and most, if not all of the stitches, will be in the vagina. I will be in the hospital for one or two nights, but it will take ~8 weeks for complete healing to occur. I will go home from the hospital with oral pain medications if needed. I may also need stool softeners and estrogen cream.

Because of swelling around the opening from the bladder, I may not be able to empty my bladder adequately by the time of discharge: if this happens, I will go home with a catheter which will be removed several days later, or I will be taught to catheterize myself intermittently at home until the problem resolves.

After the surgery, I will get plenty of rest, not lift anything heavy, nor have intercourse for at least 8 weeks.

Alternatives to the procedure include:

Pessary

Not doing anything

Abdominal surgery

Other

Risks of the procedure

- Adverse reaction to a medication, including anesthesia

- Infection, most commonly in the urinary tract, wound, lungs or pelvis. I will receive prophylactic (preventative) antibiotics to help avoid this complication.
- Swelling and/or damage to the surrounding structures, most commonly bladder, ureter, or bowel. This may require prolonged usage of a catheter in the bladder until fully healed. This may also necessitate another operation.
- Leakage of urine if the bladder (anterior vaginal wall) is repaired
- Pain from injury to a nerve or the development of scar tissue. If I am sexually active, intercourse could become painful
- If graft material is used, there could be erosion of the graft into the vagina. This can often be treated in the office, but could require surgery if it is problematic
- Excessive bleeding. If I am medically unstable and Dr.Heidtke thinks a transfusion is necessary, I agree to receive blood or blood products
- The problem may return in the future
- Other:

Anesthesia

I understand that I will need major anesthesia, and there are 2 types:

General anesthesia - I will go completely asleep with IV medicine and a gas, and a tube is kept in my windpipe during the surgery.

Spinal anesthetic - where the medicine (a local anesthetic) is placed into my spinal canal with a very thin needle

The final decision as to which option to take will be made after discussion with the anesthesia doctor shortly before surgery. I will be able to ask him questions and voice my concerns. Dr. Heidtke will also have input into this decision. I will sign a separate consent form for anesthesia at that time.

Patient signature _____ Date _____

Witness _____ Date _____