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CONSENT FORM FOR **BLADDER SLING**

I have stress urinary incontinence. I am consenting to have Dr. Heidtke perform a procedure in which she places a sling underneath the urethra. This is primarily done through a small incision in the vagina. There may also be small punctures in the groin or lower abdominal areas.

Depending on my condition, I may go home the same day of surgery, or will be in the hospital for one night, but it will take ~6-8 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 bladder neck (sphincter) and urethra, I may not be able to empty my bladder adequately before discharge; if this happens, I will go home with a catheter to be removed a few days later, or I will be taught to catheterize myself as needed at home until my bladder functions normally.

After the surgery, I will get plenty of rest, not lift anything heavy, nor have intercourse for at least 6 weeks. If I do too much too soon, this will increase my chances that the problem will reoccur.

Alternatives to the procedure include:

- Pessary
- Exercises and physical therapy
- Medication
- Not doing anything
- Abdominal surgery
- Other

- Adverse reaction to a medication, including anesthesia
- Infection, most commonly in the urinary tract, wound, or pelvis. I will receive prophylactic (preventative) antibiotics to help avoid this complication.
- Swelling and/or injury to the surrounding structures, most commonly bladder, ureter, or bowel. This may require prolonged usage of a catheter in the bladder either continuously or intermittently until fully healed and/or the bladder empties normally. Continued problems may require another operation.

- Pain from injury to a nerve or the development of scar tissue. If I am sexually active, intercourse could become painful
- Since graft material is used, there could be erosion of the graft into the vagina or the urethra. If this is causing problems, treatment may be needed in the office or hospital.
- Excessive bleeding. If I am medically unstable and Dr.Heidtke thinks a transfusion is necessary, I agree to receive blood or blood products
- The incontinence problem may not be cured or it may return in the future
- The development or worsening of urinary urgency symptoms

Anesthesia

I understand that I will need anesthesia. Options include:

- 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
- Local anesthetic with IV sedation and pain medicine

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_____