

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%)
 - Infection (risk, 1%–2%)
 - 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, 20%)
 - Ongoing symptoms (risk, 20%)
 - New onset of urinary retention (inability to pass urine; risk, 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%) 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%); 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.
3. How the complication rates may vary in my case and that it may not be possible to predict them accurately from the evidence currently available.
4. I accept the possibility that I may not be happy with the outcome of surgery.
5. I have been encouraged to ask my surgeon why this surgery could be beneficial for me, to ask about my surgeon's level of clinical experience, and to discuss the risks involved in the proposed procedure.

I have understood the explanations provided to me and have chosen the surgical option that I understand to be most appropriate for me.

I have been provided with patient information leaflets explaining pelvic floor surgery and given the opportunity to discuss their contents with my surgeon.

I understand that other forms of treatment are available for my condition and that I have been fully informed about them.

My surgeon has reviewed with me the need to be vigilant about potential adverse events after ventral mesh rectopexy surgery and to be aware of the complications associated with the materials used in the procedure.

I am aware of the concerns about complications when pelvic mesh is inserted through the vagina into the pelvis for pelvic organ prolapse repair; I understand that there are similarities between ventral mesh rectopexy and prolapse repair in terms of the final position of the mesh in the pelvis, but that the rates of pain, infection, and mesh erosion are much lower for ventral mesh rectopexy.

I understand that some complications associated with my operation may require additional surgery that may or may not be successful.

I confirm that I have read and understood all the above points and am happy to proceed with the proposed surgical plan.

I am aware that my case has been discussed with other specialists and anonymised details of my surgery will be recorded in the National Ventral Mesh Rectopexy database.

I am aware that a review of the research published to date found that mesh erosion occurred in up to 2% of cases.

I am aware that I can ask further questions about the proposed surgery at any stage.

I am aware that I can change my mind about proceeding with the proposed surgery at any time.

