

Name

Date of birth

Hospital number

A colposuspension or urethral bulking procedure is to try and reduce your symptoms of stress incontinence (urinary leakage caused by increased pressure in the abdomen). These two operations might not help symptoms of an overactive bladder (urgency to pass water with or without leaking). If you have an overactive bladder you may still need to continue any treatment you are using for this regardless of the colposuspension or urethral bulking procedure.

The material used in your procedure (recorded below) will remain in your body permanently unless it is recorded as being absorbable. The information is also recorded in this hospital’s records, but you should keep this information safe in case you attend a different hospital in the future.

The procedure was conducted under the care of . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

On (date) . . . . . . . . . . . . . . . . . . . . . . . .

## **Colposuspension and** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

## (please record above any other surgery if also performed at the same time)

Colposuspension sutures (stitches): Absorbable (dissolving) / non absorbable (permanent)

Type of suture . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

## **Urethral bulking and** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

## (please record above any other surgery if also performed at the same time)

Name of bulking agent . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Unique Product Identification Code (if available) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

If unique coded not available: Batch number . . . . . . . . . . . .Lot number . . . . . . . . . . . . . . .

Manufacturer name . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

You will be reviewed about 6 weeks to 6 months after your procedure to assess how you are faring with the treatment. For what to expect after the procedure, please refer to the leaflets on the procedure which you may have received before your surgery. Leaflets are also available online at https://bsug.org.uk/pages/information-for-patients/111

If you are worried about any symptoms after your procedure, you can contact us on . . . . . . . . . . . . . .



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Prolapse operations are to relieve symptoms caused by the bulge in your vagina. They are not intended to improve urinary urgency, incontinence or difficulty passing urine. They may in some cases help but in most cases, you will need to continue with the treatment or management you were using for your urinary problems regardless of today’s operation.

The material used in the procedures recorded below will remain in your body permanently unless it is recorded as being absorbable. The information is also recorded in this hospital’s records, but you should keep this information safe in case you attend a different hospital in the future.

The procedure was conducted under the care of . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

On (date) . . . . . . . . . . . . . . . . . . . . . . . .

## **Sacrohysteropexy/sacrocolpopexy and** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

##  (please record above any other surgery if also performed at the same time)

 Name of mesh used . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Type of mesh Type 1

Unique Product Identification Code (if available) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

If unique code not available: Batch number . . . . . . . . . . . . Lot number . . . . . . . . . . . . . . .

Manufacturer name . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

 Material used to attach mesh to sacrum:

Sutures (Dissolvable / Permanent), Tacks ( Titanium / Dissolvable)

 Material used to attach mesh to (please highlight which one) vagina/cervix/uterus:

Sutures (Dissolvable / Permanent), Tacks ( Titanium / Dissolvable)

## **Sacrospinous Ligament Fixation and** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

## (please record above any other surgery if also performed at the same time)

Sutures (stitches) Absorbable (dissolving) / non absorbable (permanent)

Type of suture . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

You will be reviewed about 6 weeks to 6 months after your procedure to assess how you are faring with the treatment. For what to expect after the procedure, please refer to the leaflets on the procedure which you may have received before your surgery. Leaflets are also available online at <https://bsug.org.uk/pages/information-for-patients/111>.

If you are worried about any symptoms after your procedure, you can contact us on . . . . . . . . . . . . . .