

## **Mid-Urethral TVT/TOT Sling Consent**

**Please read and initial each statement to show that you have read and understand the TVT/TOT sling procedure.**

The following has been explained to me and I understand and agree that:

\_\_\_\_\_ I have had testing done to prove that I have stress incontinence.

\_\_\_\_\_ There are risks with any procedure and these risks include, but are not limited to, bleeding, infection, injury to blood vessels or nerves, puncture of the bladder, erosion of the sling into the vagina or urethra and urinary retention (being able to urinate). I also understand that there is no guarantee this procedure will completely resolve my stress incontinence.

\_\_\_\_\_ There is a risk of pain in the groin, thighs, hips or lower abdomen that could require sling removal.

\_\_\_\_\_ Infection is rare. However, if it happens and left untreated, it can be life threatening. Antibiotics will be needed. I understand that I will need to take all drugs as prescribed if infection occurs.

\_\_\_\_\_ During the procedure small cuts will be made in my groin, vaginal and/or abdominal area. I understand that there is a small risk that my bladder may be punctured when the needle is passed. I also understand that this may result in some discomfort and take a while to heal completely. Typically, a catheter is required for 1-2 days, but up to 7 days.

\_\_\_\_\_ Anesthesia will be needed. I understand that with any anesthetic there is a chance of having a drug reaction. I will discuss the type of anesthesia and risks with the anesthesiologist prior to the procedure.

\_\_\_\_\_ Routine physical activity may be limited for a short time after having the TVT/TOT sling. Strenuous activity may be restricted for up to 12 weeks following the procedure.

\_\_\_\_\_ To ensure proper healing, I further understand that I should not have any sexual activity for 6 weeks.

\_\_\_\_\_ Having the TOT/TVT sling does not guarantee a 100% resolution. While most women will stop leaking urine, some women (10-15%) only get minimal improvement.

\_\_\_\_\_ I understand that the sling material is a polypropylene mesh which is a foreign material in my body. There is a small possibility of erosion or extrusion of this material into the vagina or other areas of the body. This could require further surgery for removal and/or repair.

\_\_\_\_\_ The benefit for having this procedure is to reduce and possibly eliminate stress urinary incontinence.

\_\_\_\_\_ Alternatives such as physical therapy, pessaries, and other surgeries without mesh have are available to me and have been discussed with Dr. Khan.

I have read the above consent and have had all my questions answered.

I consent to have my TOT/TVT procedure done by Dr. Fareesa Khan.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Witness: \_\_\_\_\_