

INFORMATION SHEET AND CONSENT FORM

## **Burch Colposuspension and cystoscopy**

### Indications:

- Stress urinary incontinence

### Surgical Technique:

- The operation is performed under general anaesthetic (you are asleep) and antibiotics are given through a drip
- The surgery is performed through 4 keyhole incisions
- The retropubic space is opened up and 4 permanent sutures are placed between peri-urethral tissue and a strong ligament near your pubic bone
- A camera is used to make sure there is no injury to your bladder or ureters

### Complications:

- Recurrent stress incontinence 5-10-%
- Voiding problems 10%, may need to learn to self catheterise and may require reoperation to divide sutures around 3 months mark (2%)
- Serious complications are rare however your symptoms must be severe enough to accept the risks listed below
- Large blood loss requiring blood transfusion
- Intraoperative injury to bowel, ureters, bladder or other organs requiring reoperation or prolonged hospital stay, this are usually picked up at the time of surgery but can reveal themselves up to 2 weeks after surgery
- Return to theatre for pain or bleeding
- 5% wound infection requiring antibiotics
- Urinary tract infection 5%
- Clot in legs or lung <1%
- Pelvic organ prolapse is a known complication down the tract, up to 10%

### In Hospital and Recovery:

- Hospital stay is usually 2-3 nights
- When you wake up from your operation you will have bladder. This will be removed the following day and we will assess whether you are emptying your bladder properly. If you are not, the nurses will teach you to self-catheterise and you may go home doing this while your bladder function recovers which is most often within 2 weeks. The risk of this is around 10%.
- You will be given pain medicine to manage post-operative pain and you should take aperients to avoid constipation



- It is crucial to avoid constipation, heavy lifting, running or any other stress to your pelvic floor over the first 3 months postoperatively while healing takes place. Sexual intercourse should wait until after review at 6 weeks.
- Time off work is usually 2-4 weeks depending on your occupation
- After discharge, worsening pain or urinary symptoms like burning or pain are not normal and you should see your local doctor.
- Dr Mowat will review you around the 6-week mark, but if you have any concerns before this, please ring the rooms
- As a long-term lifestyle measure we recommend avoiding lifting over 15 kgs, excessive exercise, weight gain, constipation and smoking to optimise the chance of a long-lasting repair.