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INFORMED CONSENT AND REQUEST FOR REPAIR OF RELAXATION OF PELVIC ORGANS

I, _____ request Dr PJ Geysers and his associates / assistants to perform upon me:
Anterior and/or posterior repair - "tack up" the bladder and/or rectum with or without enterocele repair a hernia at the top of the vagina. Surgery might include the use of mesh (synthetic material).

Diagnosis and Procedure: The following has been explained to me in general terms and I understand that:

- My condition has been diagnosed as: _____
- The nature of this procedure is: Diagnosis and surgical procedure according to diagnosis.

General Risks of surgery: As a result of the performance of this procedure there may be general risks of: *INFECTION, ALLERGIC REACTION, DISFIGURING SCAR, SEVERE LOSS OF BLOOD, LOSS OF FUNCTION OF ANY LIMB OR ORGAN, PARALYSIS, PARAPLEGIA OR QUADRIPLEGIA, BRAIN DAMAGE, CARDIAC ARREST OR DEATH.* In addition to these general risks, there may be other possible risks involved in this procedure. These risks and/or complications may include but are not limited to such complications as:

Injury to bowel, bladder, ureter (tube from kidney to bladder) and urethra (tube from bladder to outside of body)

1. Formation of a fistula (an opening between the bowel, bladder or ureter and the vagina and / or skin), which would require a second operation to repair.
2. Colostomy
3. Reoccurrence of my loss of control of urine.
4. No Improvement in my control of urine.
5. Prolonged need of a catheter to drain my bladder.
6. Discomfort with intercourse.
7. Mesh erosion, that might cause recurrent infections and even require removal of the prosthesis under general anesthesia.

Alternative forms of treatment include:

1. Exercise
2. Use artificial supports (pessary)
3. Do nothing and accept my present condition and its potential risks.

These alternative treatments have been explained to me, and I have elected this surgical procedure as my method of treatment.

Informed Consent: I understand and accept that during the procedure unexpected and unforeseen circumstances may make it necessary to do an extension of the original procedure or another procedure that is not named above. I request Dr PJ Geysers and his associates / assistants to perform those additional procedures that they judge to be necessary.

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I HAVE READ OR HAD THIS FORM READ AND EXPLAINED TO ME AND THAT I FULLY UNDERSTAND ITS CONTENTS.

I have been given ample opportunity to ask questions, and any questions I have asked have been answered or explained in a satisfactory manner. All blanks or statements requiring completion were filled in and all statements with which I disagree were marked out before I signed this form.

I accept that medicine is not an exact science and understand that no guarantees can be given as to the results.

Understanding these limitations, I request Dr PJ Geysers and his associated / assistants to proceed with surgery.

Patient: _____ Date: _____

Patient unable to sign because of: _____ Relationship to patient: _____

Person giving consent: _____ Witness: _____