

BLADDER NECK SUSPENSION
(Burch, Marshall-Marchetti Procedures)

PURPOSE:

The purpose of this surgery is to correct the mechanical-physical defect of the bladder and urethra prolapsed. Genuine urinary stress incontinence is often the result of several factors including childbirth, the aging process and associated weakening of tissue, hard work and genetic factors. These factors can result in weakness of the roof of the vagina allowing it to give way and letting the bladder and urethra herniate downward and out. This results in urine leakage with increased intra-abdominal pressure events such: sneezing, coughing, laughing or straining, the degree of incontinence can vary from very mild to quite severe.

The purpose of the repair is to reestablish support for the neck of the bladder and the urethra to prevent it from dropping down and therefore, preventing urinary leakage. This is accomplished by suturing the supporting tissue alongside of the urethra and the bladder to the backside of the pubic bone or the ligaments attached to the pubic bone, thereby, preventing it from dropping down and thus, correcting the physical defect.

PROCEDURE:

This procedure can be performed through an incision in the abdominal wall or through very small incisions through the aid of the laparoscope, a long, narrow, fiberoptic scope to visualize the space around the bladder. A catheter will remain in the bladder for a few days after surgery.

After the catheter is removed, there may be some discomfort with urination for a period of time. You may not be able to urinate initially after the catheter is removed. This is not unusual and requires replacement of the catheter and allowing more time for voiding function to return.

RESULTS:

The generally accepted cure rate for urinary incontinence as a result of anatomical weakness of the bladder support with this procedure is approximately 80 to 90 percent. There may be additional factors involved with urinary incontinence that may be not by surgery and may actually be worsened and occasionally develop as a result of surgery. One of these is called unstable bladder and usually responds to medical treatment.

Special studies of the bladder may be performed prior to surgery if there is suspicion of additional factors besides the weakness of the bladder supports. Consequently, no individual guarantee of results can be made with this procedure for urinary incontinence.

ALTERNATIVES:

Alternatives to surgery include living with the incontinence, vaginal pessaries or supports, exercises to strengthen muscles to help counteract the weakness, medications, or long-term use of a catheter. These will have variable degrees of success and/or desirability.

RISK:

A. SURGICAL AND EARLY POSTOPERATIVE COMPLICATIONS:

1. Injury to the urinary bladder requiring special bladder repair.
2. Injury to the ureters (tubes coming from the kidney to the bladder) with possible associated kidney damage.
3. Bleeding with possible need for blood transfusion with the attendant risks of hepatitis/AIDS.
4. Infection of the surgical site with possible spread to other areas of the body.
5. Allergic reactions to medications.
6. Possible need for abdominal incision if laparoscope approach being done and complication or technical difficulty requires this approach.

B. LATE COMPLICATIONS:

1. A Fistula (an abnormal connection) may form between bladder and vagina or urethra and vagina or ureter and vagina. This occurs in less than one percent of procedures and may require additional corrective surgery.
2. Late bleeding.
3. Late infection or abscess formation.
4. Inability to empty the bladder is very rare but could require either long-term catheter use or further surgery.

C. ANESTHETIC RISKS

1. Heart rate irregularity.
2. Respiratory irregularity.
3. Aspiration of stomach acid with serious pneumonia.
4. Sudden changes in blood pressure.
5. Allergic reactions.
6. Body may lose ability to control body temperature (malignant hypothermia).
7. Cardiac arrest.
8. Risk of death very rare.

I have read and fully understand the information presented above and its relation to the proposed surgical procedure. I also understand that there is no guarantee of results of the surgery.

Signature

Date

Witness

Date