

Decision Worksheet: Surgical Options to Treat Pelvic Organ Prolapse (Vaginal Bulging)

1. How much does vaginal bulging bother you? Not at all A little Moderately A lot
2. What activities make the vaginal bulging feel worse? _____
3. Do you also experience any bothersome urine leakage? If so, how often? (check all that apply)
 Never Once in a while Many times a week Many times a day Every night Many times a night
4. What activities or situations cause you to leak urine? _____

Pelvic organ prolapse and stress urinary incontinence can be treated through these methods. We will circle and discuss your options together.

Treatment Options	Frequently Asked Questions		
	What is this treatment?	What are some reasons to choose this option?	What are some reasons <u>not</u> to choose this option?
For pelvic organ prolapse: Vaginal surgery with stitches	Surgery in the vagina with stitches to raise the top and walls of the vagina, supporting the tissues. Hysterectomy to remove the uterus may be recommended or needed.	<ul style="list-style-type: none"> • Lower chance of a major complication compared to doing the surgery through the abdominal wall • Less pain during recovery 	<ul style="list-style-type: none"> • 1-2 out of 100 have a chance for a major complication. • 15 to 25 out of 100 have a chance of repeated prolapse • If you are very active or do heavy lifting, the chance of repeated prolapse may be higher
For pelvic organ prolapse: Abdominal laparoscopic surgery with mesh	Surgery through small incisions on the abdomen. Mesh is attached over the vagina and to a ligament, raising the top and walls of the vagina. Hysterectomy to remove the uterus may be recommended.	<ul style="list-style-type: none"> • 5 out of 100 have a chance of repeated prolapse (lower risk of the prolapse recurring compared to the vaginal surgery with stitches) • You are very active • Very durable 	<ul style="list-style-type: none"> • 2-3 out of 100 have a chance of a major complication • You have medical issues that make abdominal surgery particularly risky • Rarely, a mesh-related complication may require another surgery
For pelvic organ prolapse: Abdominal laparoscopic surgery with stitches	Surgery through small incisions on the abdomen with stitches to raise the top and walls of the vagina.	<ul style="list-style-type: none"> • You do not want mesh • You do not want a hysterectomy • You are already undergoing abdominal surgery for another reason 	<ul style="list-style-type: none"> • 15 to 25 out of 100 have a chance of repeated prolapse • 2-3 out of 100 have a chance of a major complication
For stress urinary incontinence (leakage with cough, laugh, sneeze or exercise): Sling	Surgery where a thin piece of mesh is placed under the tube that urine passes through called a urethra. It is done through a small vaginal incision.	<ul style="list-style-type: none"> • Helps control urine leakage with cough, sneeze, exercise • Recommended based on your test results to decrease the risk of new stress urinary incontinence after your surgery for the prolapse 	<ul style="list-style-type: none"> • You only have bothersome urine frequency or urgency causing leakage • The sling is not designed to treat symptoms of frequency or urgency
Considerations and other options (please write)			

5. What is most important to you as we make this decision? _____
6. What did we decide today? Try: _____ or Decide later (check all that apply)
- need more information
 - need to discuss with others
 - need to think about it more
7. What are the next steps and follow-up? _____