

Patient Label


What matters to you when choosing surgery for stress urinary incontinence?

**Shared-decision
tool for patients**

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Please complete this form and hand back to a member of staff or post to:

Gynaecology secretary
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Kilmarnock Road
Kilmarnock
KA2 0BE

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Why complete this form?

Introduction

We are working to improve person-centred care for women considering surgery for stress urinary incontinence. It is important that the type of surgery you choose is personalised. As well as being safe and effective, surgery will focus on your individual needs and preferences as much as possible.

We know that by finding out a bit more about you, we can improve shared-decision making and therefore the overall outcome of surgery. One of the ways to make this better is for the doctor/surgeon to find out what is important to you. During decision-making, it is important to establish with your doctor/surgeon **'what matters to you'**.

If we know some things about you it will allow us to get to know you as a person, rather than just as a patient, and find out what is important to you. Also, if we have information about your routine activities it allows us to adapt our care. **Please complete page 4 and page 8 and hand/ post back.**

What happens after I complete this form?

Please hand back to a member of staff or post it to us at the address on the front of this form. Our team will discuss your condition and your choices during our dedicated meeting. Your clinician will inform you of the outcome of team discussions, especially if there are further recommendations to consider.

What if I do not want to give the information?

If you don't feel like sharing the information, please inform a member of staff so we don't bother you by asking. However, if you change your mind, we will be happy to help you complete it.

Can I change the shared information once I have completed it?

Yes, we recognise that what matters to you may change during the decision-making process. For example, you may have concerns about recovery from a particular operation, but as you find out more about it, this may no longer be important. You can change what you provide at any time as it's your shared information.

Quotes from previous patients

"This is great, makes me feel that you want to take the time to know me."

"The form was easy to use and made me think about what is really important to me."

My values - What matters to me?

- Please let us know what is important to you from the list of values below.
- A member of staff can help you complete it, if you wish.
- Some things that matter to you may be physical, psychological/emotional or social.
- Or it could be something completely different. There are no 'right or wrong' answers as it is about you.

Please add a value from 0 to 10 (0 low priority, 10 high priority) next to each of the following items:

Examples of what matters to you	Importance out of 10	Top 3 (Please tick)
• Cure from leakage	0 1 2 3 4 5 6 7 8 9 10	
• Just using less pads	0 1 2 3 4 5 6 7 8 9 10	
• Avoid repeat surgery in the future	0 1 2 3 4 5 6 7 8 9 10	
• Undergoing day surgery	0 1 2 3 4 5 6 7 8 9 10	
• Shorter hospital stay	0 1 2 3 4 5 6 7 8 9 10	
• Quick recovery and quick return to normal activities	0 1 2 3 4 5 6 7 8 9 10	
• Avoid major abdominal surgery	0 1 2 3 4 5 6 7 8 9 10	
• Avoid future surgery for prolapse	0 1 2 3 4 5 6 7 8 9 10	
• Least pain after surgery	0 1 2 3 4 5 6 7 8 9 10	
• Avoiding mesh complications	0 1 2 3 4 5 6 7 8 9 10	
• Avoiding self-catheterisation	0 1 2 3 4 5 6 7 8 9 10	
• Avoid general anaesthesia	0 1 2 3 4 5 6 7 8 9 10	
• Avoid local anaesthesia	0 1 2 3 4 5 6 7 8 9 10	
• Other _____	0 1 2 3 4 5 6 7 8 9 10	

Other examples to consider

Physical

- How I prefer to have surgery – for example, which anaesthetic / pain relief.
- I find it difficult to be awake during surgery.
- I am concerned about foreign materials left permanently inside my body.
- I do not want to stay overnight in hospital.

Psychological/emotional

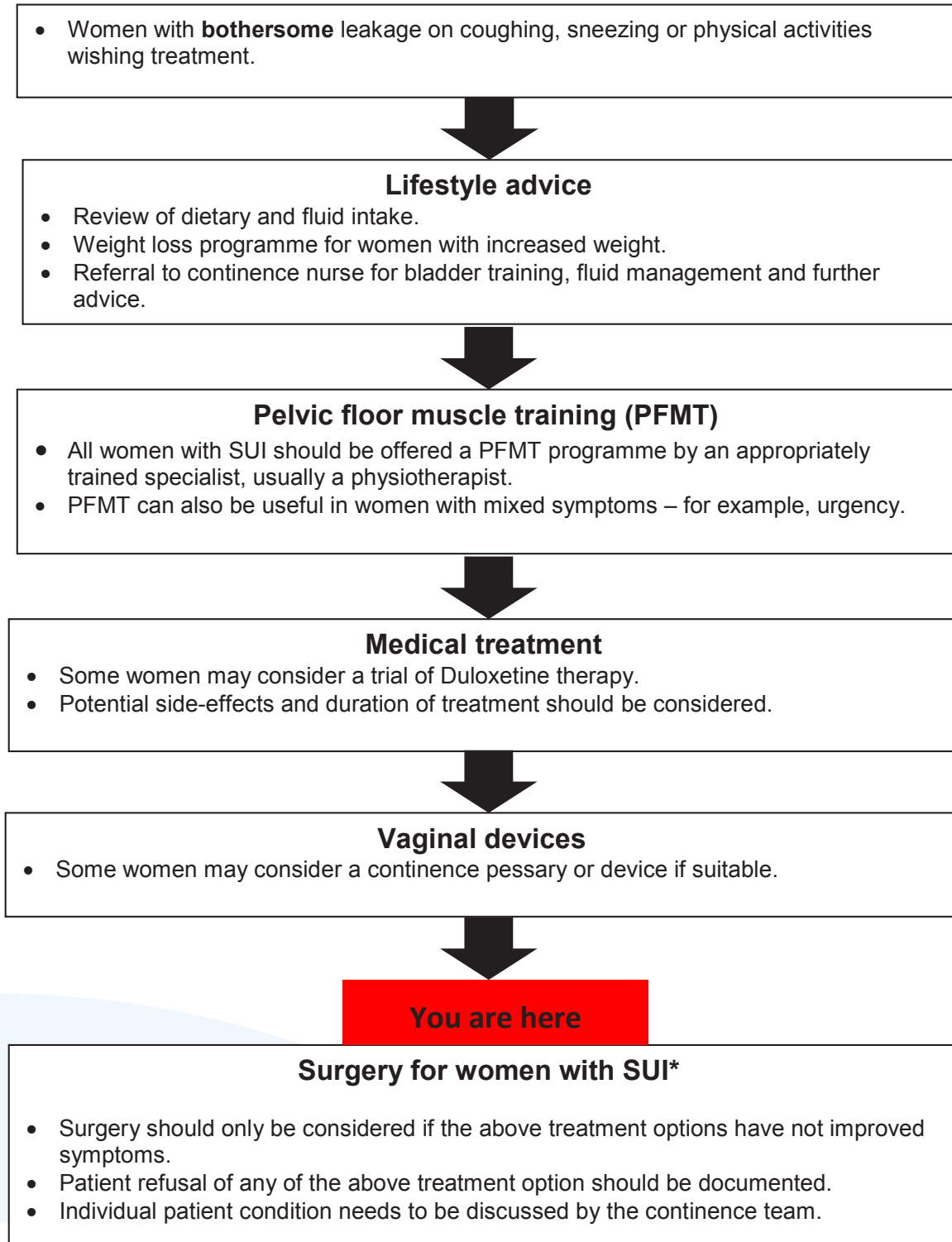
- The information I need is in a way that I understand.
- I feel isolated in the room on my own and need staff to check in on me regularly.
- I am not good at tolerating pain at all and get distressed quite quickly. It is important for me to get pain relief on time.
- I live a long way from the hospital and am not able to return for repeat treatment. It is important for me to receive treatment that works in the long-term.

Social

- I would like my family (daughter) to be involved in the decision.
- My elderly husband will need to be in respite care while I am in hospital. It is important that I involve him in this decision too.

My non-surgical options

Reminder of the Management Pathway for Women with Stress Urinary Incontinence (SUI).



* Please ask your doctor for the specific leaflet about the treatment(s) you are considering.

Referral to a different clinician (or a different hospital) may be required, depending on availability of surgical procedures.

My surgical options

Table comparing the main advantages and disadvantages of the four surgical procedures for treatment of stress urinary incontinence in women.

Procedure	Main advantages	Main disadvantages	What if it does not work?
<p><u>Mesh tape</u> Surgery where a piece of plastic mesh tape is inserted to support the urethra (tube that carries urine from the bladder to outside the body).</p>	<ul style="list-style-type: none"> • Day surgery • Quick recovery • The standard procedure since 2000 	<ul style="list-style-type: none"> • Mesh complications (can cause long-term pain and may require surgical removal) • Long-term risks remain unknown 	
<p><u>Colposuspension</u> Surgery where the neck of the bladder is lifted upwards and stitched in place.</p>	<ul style="list-style-type: none"> • Avoids mesh complications • The standard procedure before 2000 • Can be done by keyhole surgery (some units) 	<ul style="list-style-type: none"> • Major abdominal surgery • Risk of future pelvic organ prolapse (may require surgery) 	<ul style="list-style-type: none"> • Repeat surgery carries increased risks and technical difficulties • Repeat surgery may be less successful
<p><u>Natural tissue sling</u> Surgery where a sling of your own tissues is inserted around the neck of the bladder to support it.</p>	<ul style="list-style-type: none"> • Avoids mesh complications • Higher cure and improvement rate 	<ul style="list-style-type: none"> • Major abdominal surgery • Higher risk of difficulty emptying the bladder (need for self-catheterisation) 	
<p><u>Urethral bulking agents</u> Surgery where a substance is injected into the walls of the urethra to increase its size and allow it to remain closed with more force.</p>	<ul style="list-style-type: none"> • Avoids mesh complications • Day surgery (usually local anaesthesia) • Least invasive as no skin cuts 	<ul style="list-style-type: none"> • Short-term success compared to other surgical procedures • Repeated injections may be required – no reliable evidence on long-term success 	<ul style="list-style-type: none"> • Repeat surgery is safest • No impact on success of future surgery

My choice (please complete this table)

Procedure	I will choose this option because...	I will NOT choose this option because...
Mesh tape		
Colposuspension		
Natural tissue sling		
Urethral bulking agent injection		

Patient's signature:

Patient name:

Date:

Please write any further comments here:

Your notes

A series of 21 horizontal dotted lines spaced evenly down the page, providing a structure for handwritten notes.

FOR OFFICE USE ONLY

Procedure	Outcome of MDT discussion Date:	Outcome of further patient consultation if necessary Date:
Mesh tape		
Colposuspension		
Natural tissue sling		
Urethral bulking agent injection		

Clinician signature:

Clinician name:

Date:



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Tha gach sgrìobhainn againn rim faotainn ann an diofar chànanan, clò nas motha, Braille (Beurla a-mhàin), teip clastinn no riochd eile a tha sibh airson a thaghadh.

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0800 169 1441



Tell us what you think...

If you would like to comment on any issues raised by this document, please complete this form and return it to: Communications Department, 28 Lister Street, Crosshouse Hospital, Crosshouse KA2 0BB. You can also email us at: comms@aaaht.scot.nhs.uk.

If you provide your contact details, we will acknowledge your comments and pass them to the appropriate departments for a response.

Name _____

Address _____

Comment _____