

Addressograph	
Name:	_____
Address:	_____
	_____
DOB:	____/____/____
NHS No.	_____

# Choosing Surgery for Stress Urinary Incontinence Patient Decision Aid (PDA)

Shared-Decision Tool for Patients

**Please complete the relevant sections and hand back this form to a member of staff at your next appointment.**

Please read this leaflet and complete Sections C and E and the Decision Conflict at the back.

Contents:	Page:
A) Why complete this form?	2
B) My non-surgical options	3
C) What matters to me?	<b>TO COMPLETE</b> 4
D) My surgical options	6
E) My Choice	<b>TO COMPLETE</b> 7
Decision Conflict: Are you sure?	<b>TO COMPLETE</b> 9

# A) 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 chosen is personalised. As well as being as safe and effective as possible, surgery will focus on your individual needs and preferences as much as possible.

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

If we know some things about you this will allow us to get to know you as a person rather than just as a patient, as well as allowing us to find out what is important to you. Having information about your routine activities allows us to adapt our care. With this in mind, **please complete pages 4, 7 and 9** and hand these back to your medical team.

## What happens after I complete this form?

Our team will discuss your condition and your choices during our dedicated meeting (multidisciplinary team or MDT meeting) used to review all potential surgical cases. Your clinician will inform you of the outcome of the discussions, especially if there are further recommendations to consider.

## What if I do not want to give the information?

There is no need for you to share any information that you do not want to. 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.

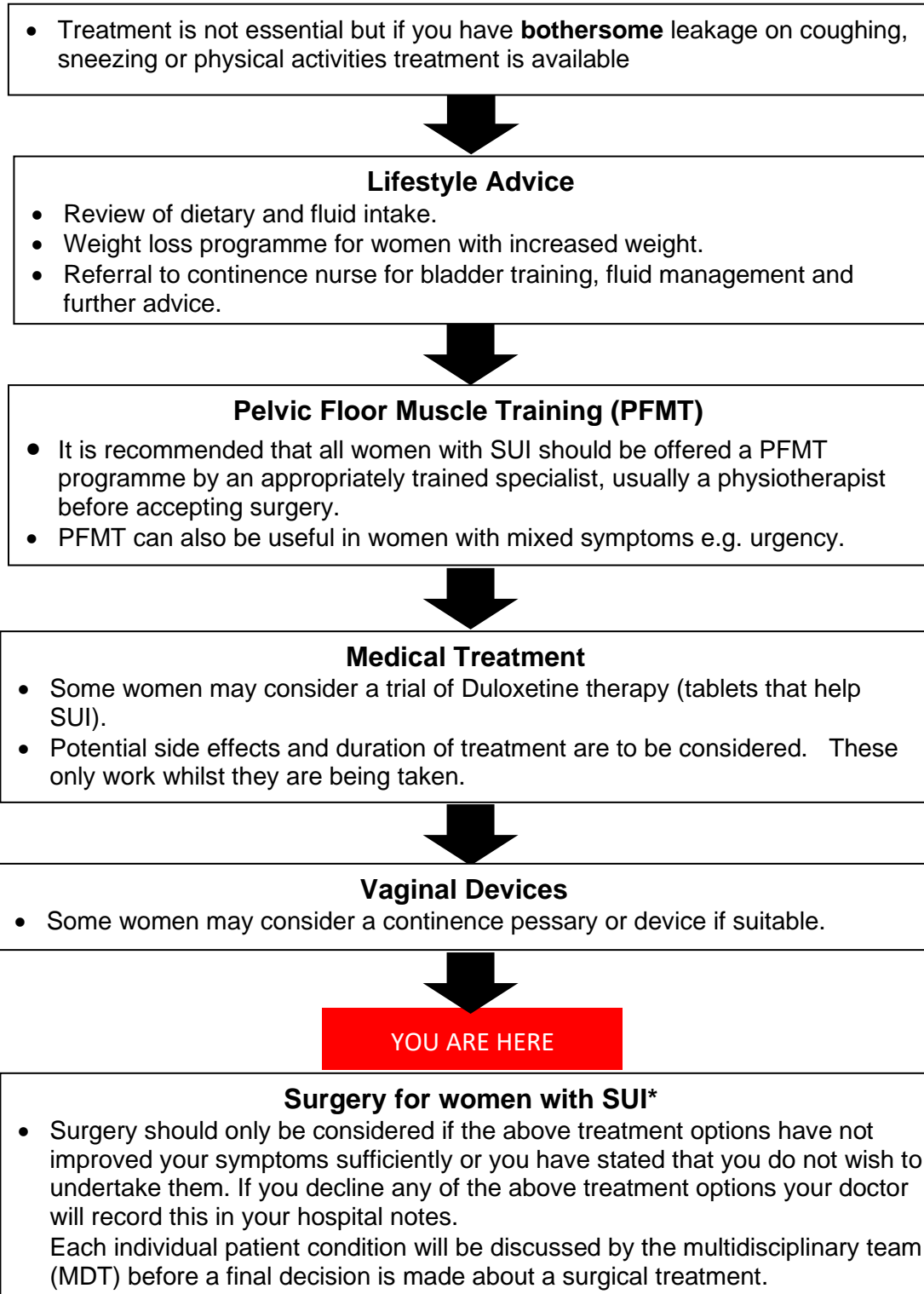
## Quotes from previous patients

*"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."*

## B) My non-surgical options

### The Management Pathway for Women with Stress Urinary Incontinence (SUI)



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

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

## C) What matters to me? (Please complete)

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

**Please rate from 0 to 10 (0 low priority, 10 high priority) next to each of the following items:**

What matters to you	Importance out of 10	Top 3 (Please tick)
Cure of leakage	0 1 2 3 4 5 6 7 8 9 10	
Using fewer continence pads	0 1 2 3 4 5 6 7 8 9 10	
Avoiding 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	
Avoiding a 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	
Avoiding major abdominal surgery	0 1 2 3 4 5 6 7 8 9 10	
Avoiding 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 a synthetic mesh tape and its 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	
Avoiding general anaesthesia	0 1 2 3 4 5 6 7 8 9 10	
Avoiding 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	

## Examples of preferences that people have used in the past

### Physical

- How I prefer to have surgery e.g. which type of anaesthetic or 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

- Given the information I need in a way that I understand
- I feel isolated in a room on my own and need staff to check 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

## D) My surgical options

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

X Risk does not occur      = background risk/ equivalent in all options      ↓ lesser than other options      ↑ greater than other options

	Colposuspension including laparoscopic	Synthetic Vaginal Mesh Tape	Fascial Sling (Natural Tissue)	Urethral Bulking agents
What the procedure involves	Surgery where the neck of the bladder is lifted upwards and stitched in place.	A synthetic mesh tape is inserted to support the urethra (tube carrying urine from the bladder to the outside). This is permanent and not intended for removal.	Surgery where a sling of your own tissues is inserted around the neck of the bladder to support it.	Surgery where a substance is injected into the walls of the urethra to increase its size (bulk it out) and allow it to remain closed with more force.
Success in curing or improving incontinence (80-85%)	=	=	=	↓
Hospital Stay	1-4 days in hospital	Usually day case	2-5 days in hospital	Day case procedure/ outpatient procedure
Recovery	6 weeks	2-4 weeks	6 weeks	2-5 days
Anaesthetic	General/Spinal	General/Spinal/Local with sedation	General/Spinal	Usually Local but can be performed under General if required
Immediate complications <ul style="list-style-type: none"> <li>bleeding, blood transfusion, infection, embolism</li> <li>bladder injury</li> </ul>	=	=	=	↓
Mesh complications	X	↑	X	X
Prolapse	↑	X	X	X
Stitch Problems	↑	X	X	X
Hernia	=	X	↑	X
Problems emptying the bladder and need for self-catheterization long term	=	=	↑	↓
Urgency problems	=	=	↑	↓
Sexual Problems (Pain on intercourse)	=	=	=	↓
What if it doesn't work?	Repeat surgery carries increased risks, technical difficulties and is less successful.	Repeat surgery carries increased risks, technical difficulties and is less successful.	Repeat surgery carries increased risks, technical difficulties and is less successful.	Repeat surgery is usually safe and this is unlikely to impact on success of other future surgery.

## E) My Choice (PLEASE COMPLETE THIS TABLE)

Procedure	I will choose this option because...	I will NOT choose this option because...
<b>Colposuspension</b>		
<b>Synthetic Vaginal Mesh Tape</b>		
<b>Natural Tissue Sling</b>		
<b>Urethral bulking agent injection</b>		

Patient's signature: ..... Patient Name: ..... Date:.....

Please write any further comments here:

## 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's signature: ..... Clinician's Name: ..... Date:.....



## Decision Conflict: Are you sure?

**A. Which option do you prefer? Please choose one option by ticking (✓) a box below.**

- a. Colposuspension ☐
- b. Midurethral Sling ☐
- c. Fascial Sling ☐
- d. Bulking Agent ☐
- d. None of the options ☐
- e. Unsure ☐

**B. Please complete how you feel about the statements below:**

		Yes	No
<b>Sure of Myself</b>	Do you feel <b>sure</b> about the best choice for you?		
<b>Understanding information</b>	Do you know the benefits and risks of each option?		
<b>Risk-benefit ratio</b>	Are you clear about which benefits and risks matter most to you?		
<b>Encouragement</b>	Do you have enough support and advice to make a choice?		

This information is available in audio, Braille, large print and other languages. To request a copy, please ask a member of staff.