

AUGS Transvaginal Mesh Informed Consent Toolkit

Informed Consent Supplement Checklist

Patient Initials _____

1. Materials about the background and issues of the use of mesh for the correction of prolapse have been given to and reviewed with me.
2. I understand that non-surgical options for prolapse including observation (“watch and wait”) and pessary are available.
3. I understand that other forms of surgery, including options that do not use mesh, are available.
4. My surgeon has reviewed with me his/her background and experience with mesh, including:
 - a. Specialized training for each mesh placement technique
 - b. Vigilance for potential adverse events from the mesh
 - c. Awareness of complications associated with the tools used in placement
5. I understand that surgical mesh is permanent, and that some complications associated with the implanted mesh may require additional surgery that may or may not correct the complication.
6. I have been informed about the potential for serious complications and their effect on quality of life, including pain during sexual intercourse, scarring, and narrowing of the vaginal wall (in POP repair).
7. Materials have been given to/reviewed with me that summarize my surgeon’s responses to the questions suggested by the FDA.
8. Available written materials about the proposed surgery have been offered or given to me.



Advancing Female Pelvic Medicine
and Reconstructive Surgery

For more information, visit the American Urogynecologic Society physician site at www.augs.org/informedconsent or the patient site at www.voicesforpfd.org.