Guide to urogynaecological conditions and negligent treatment claims

Common urogynaecological conditions and complications of treatment

Most **urogynaecological** conditions fall into one of two categories:

- **Incontinence**; and
- **Prolapse**

Incontinence

50% of **women** aged 45-54 are affected by **urinary incontinence**; of those, 30% have **stress incontinence** which is often linked to **coughing**, **sneezing** and **sudden involuntary movements**.

10% suffer from **urge incontinence** which gives **no control** over when and where they need to **urinate**. The remainder have both.

Prolapse

Prolapse of the **uterus** is another common problem affecting many **older women**.

Surgical Solutions

Surgery is often offered for **both conditions,** but the **success rate** for these procedures is **not** always **easy to predict** and **surgery** carries with it **risks of complications** for what are **normally uncomfortable** and **distressing,** but **benign conditions**.

These **problems** arise in an area of the **body** where **surgery** is **complicated** by the **proximity** of internal organs including the **bowel**, **bladder** and **ureter**.

The **surgeon** operating in this area has to operate with a **high degree of skill**, but also a **clear awareness** of **complications** that may arise so that **steps** can be taken **immediately** to **remedy** a **problem**.

Surgery is often offered for **prolapse** but it carries with it **risks and potentially adverse effects** including the risk of **haemorrhage**, **infection**, **DVT** and **injury**, most commonly **perforation** during surgery to the **bladder**, **bowel** or **ureter**.

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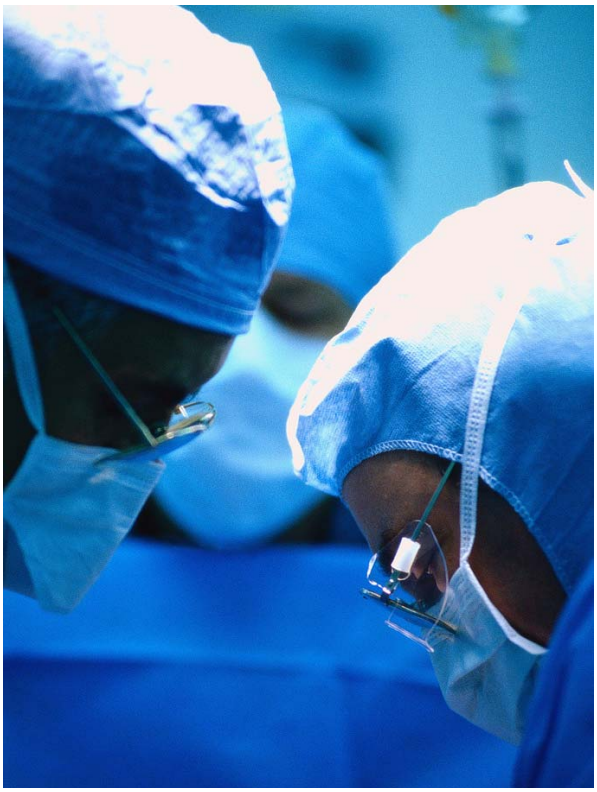
Surgery for **incontinence** can **sometimes worsen** the condition or cause **sexual problems** that were **not there before**.

Surgery for these **conditions** has to be **undertaken** with **great care** given the **complications,** but it **does not** necessarily follow that if an **operation** has **'gone wrong'** that there can be **criticism** of the surgeon or his/her **team**.



For example a surgeon who fails to detect or indeed look out for the signs that there has been a bladder perforation may well be criticised as it should be part of operating procedure to ensure that a common sign – blood in the urine after surgery - is detected. Alternatively there may be evidence that this was being monitored but that the signs of blood in the urine were not picked up on soon enough leading to a more complex outcome than might have been the case.

However, if a **doctor can establish** that they carried out **appropriate checks**, **detected** any **complication promptly** and **dealt** with it as **required** then **notwithstanding** any **problem** later this **may not give rise to a claim**.

Was the decision to operate correct?

Often after an **unsatisfactory operation**, or indeed **surgery** which has **resulted** in a **common complication** a **patient** will question whether an **operation was the right solution** for what is normally a **benign complaint** and effectively will **say** that they felt more **comfortable** with the **problems** that **pre existed the surgery**. The task of the **surgeon** when dealing with consent is to **balance** the **risks** and **benefits** of **surgery** to ensure that the **patient** is **fully aware** of what the **process** involves and the **difficulties** that may follow.

Highly skilled **surgeons** are fully **aware** of common **complications** and during and after **surgery** checks have to be performed to ensure that the **patient** is adequately **monitored**.

If any of the issues set out above have affected you or your family please contact us to see how we can help you.

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