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.
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.

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.

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.