

Information for Women

The Next Decision: What type of treatment?

Treatments are available for incontinence and prolapse but it is up to you to decide which option(s) fit best in your situation. Use this worksheet to help you work through the decision.

Decision: What type of treatment is best for me?

1. What is the main problem that you want to treat? (check all that apply)

stress incontinence urge incontinence fecal incontinence prolapse

2. What is your reason for making this decision? _____

3. When do you need to make a choice? _____

4. Overall, how much do your symptoms affect your quality of life?

not at all slightly moderately a great deal

5. Are you clear about the pros and cons of each treatment option? (See "Comparing Treatment Options") yes no

6. Are you clear about the treatment options for your condition(s)? yes no

Stress incontinence	Urge incontinence/Urgency	Vaginal Prolapse
Self care Pelvic floor physical therapy Pessary Surgery	Self care Pelvic floor physical therapy Medications	Pelvic floor physical therapy Pessary Surgery

7. Find out how much you have learned about the key facts:

Exercises and medications must be continued or improvements will be lost.	True/ False
Surgery relieves the symptoms in all women.	True/ False
Pelvic floor physical therapy has immediate results.	True/ False
A pessary needs to be removed twice a week (and before intercourse)	True/ False
Self care can improve symptoms but may not eliminate them entirely.	True/ False

Answers: T, F, F, T, T (If you have more than two wrong answers, maybe you should review the education materials before making a decision.)

8. Are you clear about which factors matter to you the most?

- Common reasons to choose each option are listed below
- Show how much each reason matters to you by circling a number from 0 to 5
- '0' means it is **not** important to you. '5' means it is **very** important to you.
- If a reason is important to you, the options to consider are shown in the column on the right

How important is it to you ...	Not Important							Very Important	If this reason is important to you ...
To avoid surgery for <u>stress incontinence</u> or <u>prolapse</u> ?	0	1	2	3	4	5		Consider self care, physical therapy or pessary.	
To avoid taking pills for <u>urge incontinence</u> ?	0	1	2	3	4	5		Consider physical therapy.	
To avoid extra costs?	0	1	2	3	4	5		Find out if you have health insurance coverage for medications and pessary.	
To relieve symptoms?	0	1	2	3	4	5		Look for options that have greatest chance of relieving the problem.	
To avoid invasive treatments?	0	1	2	3	4	5		Consider self care or medication (for urge incontinence).	
To avoid side effects of treatment?	0	1	2	3	4	5		Consider self care, physical therapy or pessary	
Other factors (list):	0	1	2	3	4	5			
	0	1	2	3	4	5			

	Yes	Probably Yes	Unsure	Probably No	No
9. Do you know the benefits and harms of each treatment option?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you clear about which benefits and harms matter most to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have enough support and advice to make a choice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you feel sure about the best choice for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Adapted from The SURE Test © 2008 O'Connor & Legare)

13. Which treatment choice are you currently leaning towards?

- Self care
 Physical therapy
 Medications
 Pessary
 Surgery

On a scale of 0 to 10, please indicate your level of confidence with your choice, where 0 is not at all confident and 10 is very confident.

Not confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very confident
	0	1	2	3	4	5	6	7	8	9	10	

List questions, concerns and next steps for you to discuss with your health care provider: