

### Maritime Centre for Pelvic Floor Health

**IWK Women’s Ambulatory Program**

**Shared decision-making tool**

**Treatments are available for incontinence and pelvic organ prolapse. This worksheet is designed to help you make a decision that is right for you. Keep in mind your referral information along with your intake assessment will also be considered in the triage process.**

**Questions:**

1. What is the main problem you wish to treat?

 stress incontinence - urine leaks when you cough, sneeze, laugh, jump

 urge incontinence - sudden intense urge, sometimes accompanied by loss of bladder control

 pelvic organ prolapse - **muscles and tissues supporting pelvic organs become weak allowing** one or more of the pelvic organs to drop or press into or out of the vagina.

1. How much do your symptoms affect your quality of life?

 not at all slightly moderately a great deal

|  |
| --- |
| Treatment Option Chart |
| Stress incontinence | Urge Incontinence | Pelvic Organ Prolapse |
| Self-carePelvic floor physiotherapyPessarySurgery | Self-carePelvic floor physiotherapyMedications | Pelvic floor physiotherapyPessarySurgery |

1. Do you understand the options for your condition(s)?

 yes no

1. Are you clear about which factors matter to you most? Circle the number that best reflects how much each reason matters to you, 0 meaning not important at all and 5 meaning very important.

|  |  |  |  |
| --- | --- | --- | --- |
| How important is it to you | Not Important | Very Important | If this reason is important to you |
| To avoid surgery or invasive/higher risk procedures (for stress incontinence and prolapse) | 0 1 2  | 3 4 5 | Consider self care, physiotherapy or a pessary |
| To avoid taking pills (for urge incontinence) | 0 1 2  | 3 4 5 | Consider physiotherapy |
| To avoid extra costs | 0 1 2  | 3 4 5 | Find out if you have health insurance coverage for medications and pessaries |
| To relieve symptoms | 0 1 2  | 3 4 5 | Look for options that have the greatest chance of relieving the problem |

1. **Which treatment option are you currently leaning towards?**

 self-care physiotherapy medications pessary surgery

**On a scale of 0 – 10 please indicate how confident you are with your choice, where 0 is not confident at all and 10 is very confident.**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Not****confident** |  |  |  |  |  |  |  |  |  |  |  |

 **0 1 2 3 4 5 6 7 8 9 10**

**In this space, list questions, concerns and next steps for you to discuss with your health care provider:**