

## HYSTERECTOMY SURGICAL CONSENT FORM

Your doctor has determined that for medical reasons it is necessary to remove your uterus or "womb". This operation is called a HYSTERECTOMY. There are various risks and side effects to this operation about which you should be informed. If you are of childbearing age, you should know that this operation will make you sterile and permanently unable to become pregnant or bear children. Complications from a Hysterectomy uncommon, but they do sometimes occur. It is possible this operation may not help your problem. It is even possible that will be worse after the operation than you are now. Because of these facts, your doctor can make no guarantee as to the results that might be obtained from this operation. In the majority of patients the desired result is achieved.

Your doctor has planned on performing the following type of HYSTERECTOMY:

Laparoscopic Hysterectomy                       Vaginal Hysterectomy  
 Laparoscopic Supracervical Hysterectomy     Abdominal Hysterectomy  
 Laparoscopic Assisted Vaginal Hysterectomy

In addition to removing your uterus, your doctor may also remove your tubes and ovaries or perform other procedures as indicated by your medical history such as:

Bilateral Salpingoophorectomy                       Resection of a pelvic mass  
 Unilateral Salpingoophorectomy                       Lysis of adhesions  
 other \_\_\_\_\_

Most patients undergo surgery with little difficulty, but problems can happen ranging from minor to fatal. These include nausea, vomiting, pain, bleeding, infection, poor healing, formation of adhesions, damage to the surrounding area, nerve damage causing weakness, numbness and pain in thighs, legs and feet, blood clots in the legs or lungs, shortening of the vagina, depression or even loss of libido. Unintended injury may occur to other pelvic or abdominal structures including fallopian tubes, ovaries, bladder, ureter (tube from kidney to bladder) or bowel, necessitating a colostomy. Any such injury may require immediate or additional surgery to correct the problem. Physical and/or sexual activity will be restricted in varying degrees for an indeterminate period of time depending on the type of surgery performed. Some women may show signs of menopause such as Mood swings, hot flashes and an increased risk of developing osteoporosis after a hysterectomy, specifically if the ovaries are removed.

Finally, I understand that it is impossible to list every possible undesirable side effect that the surgery can have, that the condition for which the surgery is done is not always cured or significantly improved and that, in rare cases, the condition can worsen. My doctor has explained the different options available to me for my medical condition, including the option of doing nothing.

I CERTIFY: I \_\_\_\_\_ have read or had read to me the contents of this form. I understand the risks and alternatives involved in this procedure. I have had the opportunity to ask questions and y questions have been answered.

(Print) PT NAME \_\_\_\_\_ SIGNED \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ DATE \_\_\_\_\_

**REV 7/2016**