



Affix Patient Label

Patient Name:

Date of Birth:

This information is given to you so that you can make an informed decision about having **an abdominal hysterectomy**.

Reason and Purpose of the Procedure:

You and your doctor have decided it would benefit you to remove your uterus. This operation is called a hysterectomy. The most common reasons for a hysterectomy are fibroid tumors, endometriosis, uterine prolapse, cancer and bleeding that is not normal. An abdominal hysterectomy is done by making an incision (cut) in the lower part of the abdomen

There are different kinds of hysterectomy:

- A hysterectomy can be total. This means that the doctor will remove the uterus and cervix.
- A hysterectomy can be sub-total. This means the doctor will remove the upper part of the uterus and leave the cervix in place.

In some cases the fallopian tubes and ovaries may be removed. This procedure is called a salpingo/oophorectomy.

This surgery will make you sterile. Sterile means you will not be able to become pregnant or have children.

Benefits of this surgery:

You might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- Relief of your symptoms
- Improve your quality of life
- Treat cancer or precancerous conditions

Risks of Surgery:

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor cannot expect.

General Risks of Surgery:

- Small areas of the lungs may collapse. This would increase the risk of infection. This may need antibiotic and breathing treatments.
- Clots may form in the legs, with pain and swelling. These are called DVTs or deep vein thrombosis. Rarely, part of the clot may break off and go to the lungs. This can be fatal.
- A strain on the heart or a stroke may occur.
- Bleeding may occur. If there is too much bleeding, you may need a transfusion.
- Reaction to the anesthetic may occur. The most common reactions are nausea and vomiting. In rare cases, death may occur. The Anesthesiologist will discuss this with you.

Risks of this surgery

- The incision site may become infected. This may require antibiotics and wound care. Rarely, the incision may open and need more surgery.
- Bleeding during or after the procedure. This may need a blood transfusion.
- Injury to the bladder, ureter and/or bowels. This may need surgery to repair. Sometimes this can be diagnosed



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right away. Sometimes it may take several days.

- Injury to the surrounding blood vessels may occur. This may need further surgery to repair.
- You may develop a urinary tract infection. This may be treated with antibiotics.
- Damage to the nerves. You could have weakness, numbness, tingling and pain in the thighs, legs and feet.
- The vagina may change shape. It may become shorter or the angle may change. This may result in painful intercourse.
- You may show signs of menopause such as mood swings and hot flashes.
- You may have an increased risk for developing osteoporosis (when bones become less dense and are more likely to break

Risks Associated with Smoking:

Smoking is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

Risks Associated with Obesity:

Obesity is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

Risks Specific to You:

Alternative Treatments:

Other choices:

- Do nothing. You can decide not to have the surgery.
- Ask your doctor about medical therapies.

If You Choose Not to Have this Treatment:

- Continue to manage your symptoms either on your own or with your doctor.

General Information:

- During this procedure, the doctor may need to perform more or different procedures than I agreed to.
- During the procedure the doctor may need to do more tests or treatment.
- Tissues or organs taken from the body may be tested. They may be kept for research or teaching. I agree the hospital may discard these in a proper way.
- Students, technical sales people and other staff may be present during the procedure. My doctor will supervise them.
- Pictures and videos may be done during the procedure. These may be added to my medical record. These may be published for teaching purposes. My identity will be protected.



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By signing this form I agree:

- I have read this form or had it explained to me in words I can understand.
- I understand its contents.
- I have had time to speak with the doctor. My questions have been answered.
- I want to have this procedure: **Abdominal Hysterectomy**, **total** **subtotal**
 With bilateral salpingo/oophorectomy

- I understand that other doctors, including medical residents or other staff may help with surgery. The tasks will be based on their skill level. My doctor will supervise them.

Provider: This patient may require a type and screen or type and cross prior to surgery. IF so, please obtain consent for blood/product.

Patient Signature _____ Date: _____ Time: _____

Relationship: Patient Closest relative (relationship) _____ Guardian

Interpreter's Statement: I have translated this consent form and the doctor's explanation to the patient, a parent, closest relative or legal guardian.

Interpreter: _____ Date _____ Time _____

Interpreter (if applicable)

For Provider Use ONLY:

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention, I have answered questions, and patient has agreed to procedure.

Provider signature: _____ Date: _____ Time: _____

Teach Back

Patient shows understanding by stating in his or her own words:

____ Reason(s) for the treatment/procedure: _____

____ Area(s) of the body that will be affected: _____

____ Benefit(s) of the procedure: _____

____ Risk(s) of the procedure: _____

____ Alternative(s) to the procedure: _____

Or

____ Patient elects not to proceed: _____ (patient signature)

Validated/Witness: _____ Date: _____ Time: _____