

Obstetrics-Gynecology Associates, P.A.

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Consent for Total Abdominal Hysterectomy

Name of Proposed Surgery:

_____ Total Abdominal Hysterectomy only - Removal of uterus (womb) through an abdominal incision

_____ Total Abdominal Hysterectomy with bilateral salpingo-oophorectomy - Removal of uterus (womb) as well as the tubes and ovaries through an abdominal incision

Diagnosis:

_____ Pelvic Relaxation

_____ Dysmenorrhea - painful menstrual periods

_____ Menorrhagia - heavy menstrual periods

_____ Metrorrhagia - irregular menstrual periods

_____ Abnormal Pap smear - cells on the cervix that could lead to cancer

_____ Pelvic Pain - pain in lower abdomen not associated with menstrual period

_____ Fibroids - benign growths on the uterus

_____ Enlarged Ovary

_____ Pelvic Mass

_____ Endometrial Cancer - Cancer of lining of uterus

_____ Assist management of another problem

_____ Other _____

Nature and Purpose of Proposed Treatment:

During an abdominal hysterectomy, an incision will be made on your abdomen somewhere between your umbilicus (belly button) and pubic hairline. Your uterus will then be removed. The uterus is the organ that carries a child during pregnancy and also the organ that sheds its lining each month to cause periods. The uterus consists of the body of the uterus, as well as, the cervix. Along with removing your uterus, your ovaries may or may not be removed. You should discuss this in detail with your physician. Your ovaries are separate from your uterus. The ovaries make hormones that are necessary for you. If the ovaries are removed, you may need to take hormones.

Risks and Consequences of the Proposed Treatment:

Risks of all surgery:

- a. Injury to blood vessels with excessive bleeding, which might require transfusion or re-operation
- b. Infection, which might require IV antibiotics
- c. The risk of anesthesia, which might include nausea, vomiting or, in rare circumstances, even death.
- d. Blood clots may form and go to the lungs, resulting in death or requiring a blood thinner

Risks associated with Total Abdominal Hysterectomy:

- a. Damage to the bladder
- b. Damage or obstruction to the bowel
- c. Damage to the tube that runs from the kidney to the bladder (ureter)
- d. Additional surgery may be necessary because of damage to other structures or delayed complications

Consequences of Total Abdominal Hysterectomy:

- a. After a hysterectomy, you will not have any periods
- b. After a hysterectomy, you will not be able to have children
- c. After removing your ovaries, you may need hormones

Although this list of side effects is fairly extensive, it is not all-inclusive. It is not possible to predict all outcomes in the field of medicine.

Initial _____

Consent for Total Abdominal Hysterectomy

Risks or consequences unique to the patient: _____

Alternative Treatments For:

- a. Pelvic Relaxation-No treatment or pessary-Pelvic relaxation can sometimes be treated using a pessary. A pessary is a device, worn in the vagina, that holds up the uterus, bladder, and/or rectum. Your physician will supply you with further information about this, if you so desire. You may choose no treatment at all for pelvic relaxation.
- b. Menstrual Problems-Medicines, such as birth control pills, pain pills and hormones, or more minor surgery such as: D&C or ablation of the endometrium.
- c. Abnormal pap smears can be treated, not only by hysterectomy but also, by other procedures including: freezing of the cervix, removing the abnormal area from the cervix, or removing the cervix.
- d. Fibroids-Myomectomy or removal of just the fibroids

If you desire, you may discuss alternative treatments with your doctor.

Prognosis if a Total Abdominal Hysterectomy is not done:

- a. While menstrual periods can be quite long, quite heavy, and quite painful, they rarely lead to death.
- b. Some menstrual irregularities may get better with absolutely no treatment.
- c. Failure to treat a mass or cancer may result in continuing damage or even death.
- d. Abnormal cells on your cervix (abnormal pap smear) may get better without treatment, but sometimes may progress to cancer, if left untreated.
- e. Fibroid tumors, untreated, may cause discomfort, bleeding and/or pain, but is rarely life threatening.
- f. Pelvic relaxation can be very uncomfortable but is not life threatening.

I understand the above information. I have been given a chance to ask questions and had them answered to my satisfaction.

_____ I have seen a Milner-Fenwick film entitled "Hysterectomy", OB-115-IC, on the above procedure.

_____ I have read the following booklet(s) on the above procedure:

_____ *Understanding Hysterectomy* - by ACOG

_____ Ob-Gyn Associates, P.A. Postoperative Hysterectomy Information

By my signature, I state I have been given adequate information to make an informed decision and, therefore, do consent to have a:

_____ Total abdominal hysterectomy

_____ Total abdominal hysterectomy/bilateral salpingo-oophorectomy

Patient's Signature

Date

Physician's Signature

Date

Initial _____

Consent for Total Abdominal Hysterectomy

By my signature, I state I have been given adequate information to make an informed decision and REFUSE to have a:

- _____ Total abdominal hysterectomy
- _____ Total abdominal hysterectomy/bilateral salpingo-oophorectomy

Reason

Patient's Signature

_____ Date

Physician's Signature

_____ Date

Hysterectomy
Reviewed 1/03/02
Revised 7/24/02
Reviewed & Revised 03/09/06