

Obstetrics-Gynecology Associates, P.A.

1793 Cliff Gookin Blvd.

Tupelo, MS 38801

Phone Number: 662-842-1161 Fax Number: 662-844-4107

Consent for Laparoscopic Hysterectomy

Name of Proposed Surgery:

___ Total Laparoscopic Hysterectomy only - Removal of uterus (womb), using laparoscopic instruments, through small incisions in the abdomen

___ Total Laparoscopic Hysterectomy with bilateral salpingo-oophorectomy - Removal of uterus (womb), as well as the tubes and ovaries, by using laparoscopic instruments through small incisions in the abdomen.

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:

After you are asleep, your feet are placed in stirrups and an incision is made near the umbilicus (belly button) that is about a centimeter long. The abdomen is then filled with gas. Other small incisions are made near the "bikini" line. A telescope is then inserted, through the umbilical incision to view the uterus, tubes, ovaries, appendix, and some of the bowel. Using instruments, through the small incisions, your doctor will remove your uterus through a small incision in the vagina. 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 is composed 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 your ovaries are removed, you may need to take hormones.

Risks and Consequences of 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

Initial _____

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Consent for Laparoscopic Hysterectomy

Risks associated with 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 Laparoscopic 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
- d. Sometimes, a problem cannot be managed with a laparoscope. If necessary, an opening in the abdomen is made to allow further surgery. You should discuss this in detail with your physician

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.

Risks and consequences unique to the patient: _____

Alternative Treatments:

- a. Pelvic Relaxation - No treatment or pessary - pelvic relaxation can sometimes be treated by 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, hormones or more minor surgery such as D&C or ablation of endometrium.
- c. Abnormal pap smears can be treated not only by hysterectomy but also by other procedures including: freezing the cervix, removing the abnormal area from the cervix, or removing the cervix.
- d. Fibroids - Myomectomy or removal of just the fibroids.

Prognosis if a hysterectomy is not done:

Pelvic relaxation can be very uncomfortable for some. It is, however, not a life or death situation. In most cases, a hysterectomy is not absolutely essential. While menstrual periods can be quite long, quite heavy, and quite painful, they rarely lead to death. Some menstrual irregularities may get better with absolutely no treatment.

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

_____ I have seen a film by Milner-Fenwick, "Laparoscopically Assisted Vaginal Hysterectomy" OB 121, on the above procedure

Initial _____

Consent for Laparoscopic Hysterectomy

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

- Understanding Hysterectomy*- ACOG
- Ob-Gyn Associates P.A. - Postoperative Hysterectomy Information
- Laparoscopic Hysterectomy* (Krames - 11378)

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

- Total laparoscopic hysterectomy
- Total laparoscopic hysterectomy/bilateral salpingo-oophorectomy

Patient's Signature

Date

Physician's Signature

Date

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

- Total laparoscopic hysterectomy
- Total laparoscopic hysterectomy/bilateral salpingo-oophorectomy

Reason

Patient's Signature

Date

Physician's Signature

Date