

Consent for Vaginal Hysterectomy

Name of Proposed Surgery:

- Total Vaginal Hysterectomy only - Removal of uterus (womb) through a vaginal incision
- Total Vaginal Hysterectomy with bilateral salpingo-oophorectomy - Removal of uterus (womb) as well as the tubes and ovaries through a vaginal 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 a vaginal hysterectomy, the uterus is removed through the vagina. After you are asleep, your feet will be placed in stirrups and your doctor will work through the vagina to remove your uterus. 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 the ovaries are removed, most likely 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.

Risks associated with vaginal 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

Initial _____

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Consequences of vaginal 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 through a vaginal incision. 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 or 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:

- 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 have had them answered to my satisfaction.

_____ I have seen a film by Milner-Fenwick, OB 81-IC, "Vaginal Hysterectomy and Repair"

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

_____ *Understanding Hysterectomy* - by ACOG

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

Initial _____

Obstetrics-Gynecology Associates, P.A.

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Tupelo, MS 38801

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Consent for Vaginal Hysterectomy

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

_____ Total vaginal hysterectomy

_____ Total vaginal 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 vaginal hysterectomy

_____ Total vaginal hysterectomy/bilateral salpingo-oophorectomy

Reason

Patient's Signature

Date

Physician's Signature

Date

Vag Hyst
Reviewed & Revised 9/25/02
Reviewed & Revised 03/09/06-12/19/06