



## **ABDOMINAL HYSTERECTOMY INFORMED CONSENT FORM**

### **PURPOSE:**

The purpose of a total abdominal hysterectomy is to remove the uterus (womb) through an incision in the abdominal wall that may be either vertical or transverse, depending on the reasons for the hysterectomy. In addition, the tubes and ovaries can be removed if indicated, and possibly other diseased tissues such as scar tissue or lymph nodes.

The function of the uterus is to carry a developing baby or in the absence of pregnancy, to respond to the hormones produced by the ovary during the monthly cycle. The uterus and cervix (mouth of the womb) is attached to the top of the vaginal and has at its upper portion the fallopian tubes. The ovaries are not a part of the tubes or the uterus.

The uterus may be removed through the abdominal wall incision for a variety of reasons, some of which include:

1. Loss of support of the uterus (pelvic relaxation).
2. Uterine tumors (i.e. fibroids).
3. Bleeding problems.
4. Endometriosis.
5. Pelvic pain.
6. Cancerous or precancerous conditions of the uterus, tubes, ovaries or cervix.

### **RESULTS OF AN ABDOMINAL HYSTERECTOMY:**

The results of an abdominal hysterectomy is that the uterus is removed and a woman cannot again become pregnant nor will she have periods again.

After the operation, there will be some pain in the pelvic area and the incisions in the abdominal wall. Medications will be available for pain relief. If the ovaries have been removed, it may be advisable to begin hormone replacement therapy. This will be discussed with you individually.

### **RISKS OF AN ABDOMINAL HYSTERECTOMY**

Any operative procedure under the best of conditions carries with it potential risks, hazards and complications. These must be anticipated on a statistical basis. The risks may be divided into intraoperative and postoperative complications as well as anesthetic complications

#### **A. INTRAOPERATIVE COMPLICATIONS**

1. Inadvertent perforation injury to the bladder.
2. Inadvertent laceration or injury to the large or small bowel with a small risk of having to have a colostomy.
3. Injury to the ureters (tubes coming from the kidneys to the bladder) by clamping, suture material, cautery or laser.
4. Infection in the operative site, which could spread to other areas of the body.
5. Allergic reactions to medications.
6. Mild or severe hemorrhage (bleeding) possibly requiring blood transfusion with attendant risks of hepatitis and/or AIDS.

**B. POSTOPERATIVE COMPLICATIONS**

1. Fistula formation (healing that leads to an abnormal passage) between the bladder and vagina, or the intestine and the vagina. This may require additional surgical procedures for repair of the fistula.
2. Infections a discussed above.
3. Delayed bleeding, as noted above.
4. Loss of a kidney or a ureter, which may be cut or sutured.
5. Intestinal obstruction requiring an operation to release the obstruction.
6. Fallen vaginal (prolapse) if support fails or healing is poor.
7. Thrombophlebitis (inflammation of veins) and emboli (blood clots that may break loose in the veins) that can pass to the lungs and obstruct blood flow (pulmonary emboli). This can be a life-threatening complication
8. Risk of death from this procedure or its complications is reported to be in the range of 1 to 2 per 100,000.

**C. RISK OF ANESTHETIC COMPLICATIONS**

1. Heart rate irregularities.
2. Respiratory irregularities.
3. Aspirations of stomach acid with serious pneumonia.
4. Sudden changes in blood pressure.
5. Allergic reactions
6. Stoppage of heart is a rare complication
7. Body may lose ability to control body temperature (malignant hyperthermia).
8. Risk of death, very rare.

This list of possible complications does not include every possible complication, but include the great majority of potential risks involved in this surgery.

**ALTERNATIVES TO SURGERY**

The decision for an abdominal hysterectomy rests upon the patient, utilizing information provided by her physician. The alternative of doing nothing is always available. Specific alternatives should be discussed with your physician.

I have read and fully understand the information presented above and its relation to the proposed surgical procedure. I also understand that there is no guarantee of the results of the surgery.

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(Signature)

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(Date)

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(Witness)

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