

Women's Preventive Healthcare
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HYSTERECTOMY SURGICAL CONSENT FORM

PATIENT: _____

Your doctor has determined that for medical reasons it is necessary to remove your uterus or "womb". This operation is called at Hysterectomy. There are various risks and side effects to this operation about which you should be informed. If you are of childbearing age, you should know that this operation will make you sterile and permanently unable to become pregnant or bear children. Complications from hysterectomy are uncommon, but they do sometimes occur. It is possible that this operation will not help you. It is even possible that you will be worse after he operation than you are now. Because of these facts, your doctor can make no guarantees to the result that might be obtained from this operation; however, in the vast majority of patients, the result is achieved.

There are several types of hysterectomies and your doctor has planned on performing the following type:

- | | | | |
|-------|--|-------|---|
| _____ | Laparoscopic Hysterectomy | _____ | Vaginal hysterectomy |
| _____ | Laparoscopic Supracervical Hysterectomy | _____ | Abdominal hysterectomy |
| _____ | Laparoscopic assisted vaginal Hysterectomy | _____ | Hand assisted laparoscopic hysterectomy |

Along with removing your uterus, your doctor may also remove your tubes and ovaries or perform other procedures as indicated by your medical history such as:

- | | | | |
|-------|--------------------------------|-------|----------------------------|
| _____ | Bilateral salpingoophorectomy | _____ | Resection of a pelvic mass |
| _____ | Unilateral salpingoophorectomy | _____ | Lysis of adhesions |
| _____ | Other: _____ | | |

Most patients have surgery with little difficulty, but problems can happen ranging from minor to fatal. These may include nausea, vomiting, pain, bleeding, infection, poor healing, formation of adhesions, damage to surrounding areas, nerve damage causing weakness, numbness and pain in thighs, legs and feet, blood clots in the legs or lung, shortening of the vagina, depression or even loss of libido. Unexpected reactions may occur from drugs or anesthesia. Unintended injury may occur to other pelvic or abdominal structures such as fallopian tubes, ovaries, bladder, ureter (tube from kidney to bladder), or bowel necessitation a colostomy. Any such injury may require immediate or additional surgery to correct the problem. Physical and sexual activity will be restricted in varying degrees fro an indeterminate period of time depending on the type of surgery done. Some women may show signs of menopause, such as mood swings, hot flashes and an increased risk of developing osteoporosis after a hysterectomy, specifically if the ovaries are removed.

Finally, I understand that it is impossible to list every possible undesirable effect that the surgery may have, that the conditions for which surgery is done is not always cured or significantly improved and that, in rare cases, the condition may even worsen. My doctor has explained the different options available to me for my medical condition including the option of doing nothing.

I CERTIFY: I, _____, have read or had read to me the contents of this form. I understand the risks and alternatives involved in this procedure. I have had the opportunity to ask questions and all my questions have been answered.

SIGNED: _____ DATE: _____ TIME: _____

PHYSICIAN: _____ WITNESS: _____

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