



CONSENT TO HYSTERECTOMY

I authorize Dr. _____ and those other persons, chosen by him or her or by the hospital or medical facility to perform an operation called a **Hysterectomy**. A hysterectomy is an operation where the uterus is surgically removed. The uterus, or womb, is the organ that holds a baby when a person is pregnant and is involved with menstruation or the monthly period. **If my uterus is removed, I will never be able to have any children, and my monthly periods will stop.**

MY PHYSICIAN HAS DISCUSSED THE FOLLOWING WITH ME:

- **HYSTERECTOMY IS IRREVERSIBLE:** I am satisfied with my understanding that the hysterectomy operation is permanent and its effects cannot be reversed.
- **DIAGNOSIS:** I am satisfied with my understanding of the reason(s) for the hysterectomy operation. I understand my diagnosis is:

- **GENERAL RISKS AND COMPLICATION:** I am satisfied with my understanding of the more common risks and complications which are described generally on the back of this form and include infection, bleeding, pain, anesthesia risks and death.
- **LENGTH OF HOSPITALIZATION:** My doctor has informed me that my approximate length of hospital stay is 1-3 days, assuming no unforeseen complications.
- **LENGTH OF RECOVER:** My doctor has informed me that my approximate length of recovery is 2-6 weeks, assuming unforeseen complications.
- **ALTERNATE METHODS OF TREATMENT:** I am satisfied with my understanding of alternative procedures or treatments and their possible benefits and risks.
- **ANESTHESIA:** I understand that I will probably receive a general anesthetic. I understand the anesthesiologist will select and administer my anesthetic. I understand I should discuss with them the risks and benefits associated with the anesthesia they select.
- **NO TREATMENT:** I am satisfied with my understanding for the possible consequences, outcomes or risks if no treatment is rendered.
- **SECOND OPINION:** I have been offered the opportunity to seek a second opinion concerning the need for my hysterectomy.
- **ADDITIONAL OR DIFFERENT PROCEDURES DURING CARE AND TREATMENT:** I understand that unforeseen conditions may arise and that it may be necessary to perform operations and procedures different from, or in addition to, the hysterectomy described. I authorize and consent to the performance of such additional or different operations and procedures as are considered necessary and advisable. Such additional surgery may include removal of both tubes and ovaries. This would mean I would go through menopause and the risks and benefits of replacement estrogen therapy have been discussed with me.
- **FREE TO WITHHOLD OR WITHDRAW CONSENT:** I understand that I am free to withhold or withdraw my consent at any time before the hysterectomy without affecting the right to future care or treatment and without loss or withdrawal of any state or federally funded program benefits to which I might be otherwise entitled.
- **NO GUARANTEES:** I understand there are risks involved in any procedure or treatment and it is not possible to guarantee, warrant or in any way to give assurance of a successful result.

I am satisfied with my understanding of the nature of the procedure and all of my questions about the procedure have been answered. I have read both the front and back of this form.

Signature: _____ Date _____

Physician: _____

PLEASE READ THE INFORMATION ON THE BACK

DISCOMFORTS

All surgery is associated with some discomforts. Some of these discomforts include those from intravenous needles, fluids and medications; anesthetic-related discomfort from the administration of anesthesia; incisional discomfort; and urinary catheter discomfort.

INFORMATION ABOUT SURGICAL RISKS

Medicine and surgery are generally safe, helpful and often lifesaving. However, medical or surgical procedures of any type involve the taking of risks, ranging from minor to serious (including death). It is important to be aware of the following possible risks before receiving the treatment you and your physician are planning. Surgery is not always curative and any problem can reoccur requiring further surgery. Error in diagnosis may require other or unplanned surgeries. No diagnostic test or physician is 100% accurate in diagnosing a condition or disease. It is not possible to list all the possible risks and complications, and their variations that may arise in any surgical operation or procedure. Each situation depends upon the condition of the patient's health and the purpose and nature of the operation.

The following may be the reactions of your body to medical/surgical operations or procedures:

Infection: Invasion of tissue by bacteria or other germs occurs to some degree whenever a cut or incision is made. In most instances, through the natural defense mechanisms of the body, healing of affected area occurs without difficulty. In some instances antibiotic medicines are prescribed and at times additional surgical measures may be necessary to combat infection.

Hemorrhage and Blood Transfusions: The cutting of blood vessels causes bleeding and this occurs in every surgical incision. This bleeding is usually controlled without difficulty. At times, though, blood transfusions are required to replace excessive blood loss. If blood transfusions are given, there is a small additional risk that hepatitis (liver inflammation) or serious blood reactions may occur. There is a more remote possibility that Acquired Deficiency Syndrome (AIDS) may develop. There is no absolutely reliable way to predict these unwanted reactions, some of which may be quite serious and even lead to death. The options of providing your own blood or that of designated donors, where available, if time permits have been explained. In minor operations there is usually less blood loss than in major ones, but not always. There are instances when excessive bleeding occurs after the original operation is completed and additional action must be taken to control the delayed bleeding.

Drug Reactions: Unexpected allergies, lack of proper response to medications or illness caused by the prescribed drugs are possibilities. It is important for you to inform your physician of any problems you have had with reaction to drugs and to let him/her know which medications you now take regularly.

Stress: There may be unusual or unexpected responses to the drugs or medications that you receive during surgery and hospitalization. Prior to surgery, you are not allowed to eat or drink for several hours in order to reduce the possibility of vomiting during or after surgery. Surgery is a stress to your body. Cardiopulmonary complications can lead to problems with your heart or lungs such as pneumonia or heart attack.

Blood Vessel Inflammation and Clotting: Blood clots in the legs (deep venous thrombosis) that may migrate to the lungs (pulmonary embolus) can follow any operation. An incision can result in a hematoma or blood clot.

Injury to Other Organs: Because of the proximity of other organs to each other, unexpected damage may occur to those organs. Bowel, bladder or blood vessel damage may occur resulting in the possibility of additional surgery at the time of the original surgery or at a later time. All incisions result in a scar which may have persistent numbness after the procedure.

ALTERNATIVES TO TREATMENT

Other ways of managing your illness, which may range from doing nothing to taking different treatment measures, should be considered. Since you and your doctor have decided upon surgery, do not hesitate to discuss the reasons for the choice and the alternatives available for treatment of similar conditions. The potential effectiveness and risks accompanying these alternative methods of treatment also should be considered.