



Joseph Valenti, MD, FACOG
Caren Reaves, MD, FACOG
Monica Popov, MD, FACOG
Laura Finger, MD, FACOG
Amy Lungren, MD, FACOG
Rachel Osborn, MD, FACOG
Holly Groom, RN, CNM
Kathy Ellis, RN, CNM
Shirley Marion, RN, CNM
Elizabeth Malone, RN, WHNP-BC
Alexandria DeVaughn, RN, WHNP-BC
Ebony Midcalf, WHNP-BC

Consent for Hysterectomy

To the patient: *You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you, it is simply an effort to make you better informed so you may give or withhold your consent to the procedure. **Notice:** Refusal to consent to a hysterectomy will not result in the withdrawal or withholding of any benefits provided by programs or projects receiving federal funds or otherwise affect your right to future care or treatment.*

The purpose of a hysterectomy is to remove the uterus as a way of treating problems that affect the uterus. This procedure involves removal of the entire uterus including the cervix. Depending on your condition, the fallopian tubes and ovaries may be removed at the time of hysterectomy. When both ovaries are removed you will become surgically menopausal.

There are several approaches to a hysterectomy and the one recommended for you is based on your reason for needing a hysterectomy, as well as any other factors that might make one approach safer or better for you than another. Sometimes we have to convert from one to another in the operating room. The approach recommended for you is:

 Total Abdominal Hysterectomy (TAH) --- An incision is made in the lower abdomen and your uterus and cervix are removed through the incision. It usually requires 2-3 days in the hospital and a 4-6 week recovery.

 Total Vaginal Hysterectomy (TVH) --- The entire uterus and cervix are removed from the vagina, without incision on the abdomen. This is not always an appropriate approach if you have prior abdominal surgery, pelvic pain, or pelvic masses. This can often be completed as an outpatient surgery, or an overnight stay. Recovery is usually within 2 weeks.

 Laparoscopically Assisted Vaginal Hysterectomy (LAVH) --- Small incisions are made in the belly button and in the lower abdomen and then minimally invasive instruments are used to separate the uterus and cervix and then they are removed through the vagina. This can usually be performed as an outpatient or overnight stay, and recovery is usually about 2 weeks.

 Robotically Assisted Total Hysterectomy --- With the DaVinci robot, we perform a total hysterectomy through several small incisions on the abdomen, often even if the uterus is extremely large, or other pathology is expected, such as extreme endometriosis or scar tissue. This can also often be performed on an outpatient or overnight basis, with about a 2-week recovery.

Conditions that affect the uterus may be treated with medicine or various types of surgery including hysterectomy. The choice to perform a hysterectomy has been made based on the nature and extent of your condition and your particular needs. It is important that you understand your preoperative diagnosis and the conservative versus surgical procedures that are available to you.

I understand that the hysterectomy is permanent and not reversible. I understand that I will not be able to become pregnant or bear children. I understand that I have the right to seek a consultation from a second physician. I understand that no warranty or guarantee has been made to me as to result or cure.

_____ (Initial here)

I understand that certain complications may result from the use of any anesthetic including respiratory problems, drug reaction, paralysis, brain damage or even death. Other risks and hazards, which may result from the use of general anesthetics, range from minor discomfort to injury to vocal cords, teeth or eyes. I understand that other risks and hazards resulting from spinal or epidural anesthetics include headache and chronic pain. _____(Initial here)

RISKS OF SURGERY: Just as there may be risks and hazards in continuing my present condition without treatment, there are also risks and hazards related to the performance of the surgical, medical, and/or diagnostic procedures planned for me. These may include, but are not limited to:

- Complications of anesthesia;
- Infection possibly not responsive to antibiotics;
- Nerve injury resulting in loss of function or chronic pain;
- Bleeding or hemorrhage possibly requiring blood transfusion;
- Injury to ovary, fallopian tube, appendix, bladder, ureter, rectum, and/ or vagina requiring surgical repair/reoperation and possible stent, nephrostomy, colostomy, and prolonged catheter drainage;
- Injury to the bowel and/or intestinal obstruction (immediate or delayed) which could lead to infection in the abdomen and/or sepsis;
- Vaginal cuff dehiscence requiring additional surgery;
- Postoperative complications or death;
- Blood clots in veins or lungs;
- Chronic pain;
- Allergic reactions;
- Uncontrollable leakage of urine;
- Possible emotional changes including sexual responses;
- Unforeseen or unanticipated complications;
- Need to convert to an open procedure.

After your surgery, you should expect to experience pain for the first few days. Normal activities, including sexual activity, can be resumed in about 6 weeks in most cases. Meanwhile, don't put *anything* in the vagina unless directed to do so by your physician. Light physical work may be increased slowly. If activity causes pain, discuss it with the nurse or doctor. If your incision becomes red or infected, call the office and speak to the nurse or doctor.

My signature certifies that:

- This form has been fully explained to me;
- I have read this form or it has been read to me and I understand its contents;
- Any blank spaces on this form have been filled in;
- I understand the procedure, the possible complications and postoperative care.
- Alternative methods of treatment (if any) have been explained to me;
- I have informed the doctor of all known allergies and medications (prescription, over-the-counter, and herbal therapies) that I am taking.
- I authorize Dr. _____ and whomever she/he may designate to assist him/her to perform the hysterectomy.

Name of Physician Explaining Procedure

Date

Signature of Patient or Legal Representative

Date/Time

Printed Name and Signature of Witness

Date