

PILGRIM SHORES
Obstetrics, Gynecology & Midwifery

HYSTERECTOMY CONSENT FORM

Patient _____ D.O.B. _____

Initials on each line below:

_____ NOTICE: YOUR DECISION AT ANY TIME NOT TO UNDERGO A HYSTERECTOMY WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OF PROJECTS RECEIVING FEDERAL FUNDS, OR OTHERWISE AFFECT YOUR RIGHT TO FUTURE CARE OR TREATMENT.

_____ This information about hysterectomy is from _____. I was told that the decision to have a hysterectomy is completely up to me. I was told I could decide not to have a hysterectomy.

_____ I UNDERSTAND THAT THE HYSTERECTOMY IS PERMANENT AND NOT REVERSIBLE. I UNDERSTAND THAT I WILL NOT BE ABLE TO BECOME PREGNANT OR BEAR CHILDREN IF I UNDERGO THIS PROCEDURE. I UNDERSTAND THAT I HAVE THE RIGHT TO SEEK A CONSULTATION FROM A SECOND PHYSICIAN.

_____ I was told that hysterectomy means removal of the uterus (womb) either through an incision in the lower abdomen or through the vagina. Sometimes additional surgery may be indicated to remove or repair other organs such as ovaries, tubes, appendix, bladder, rectum and vagina.

_____ The specific operation scheduled for me is:

_____ The reason for the surgery is:

_____ I was told that the following may be alternatives to hysterectomy, and those checked may apply to me:

_____ Leave the problem untreated and accept the natural course of the condition.

_____ Attempt to control some problems with hormones or other medications.

_____ Use of radiation/X-ray therapy.

_____ Attempt to remove just the diseased or abnormal tissue and repair the remainder.

_____ Use of mechanical devices for support.

BAYSIDE WOMEN'S HEALTH

Hysterectomy Consent – Page 2

_____ Repeated D&C, hysteroscopy, laser therapy or biopsy.

_____ Combination of above.

_____ Other: _____

_____ I have been told that this procedure may subject me to a variety of discomforts and risks. Most patients have surgery with little difficulty, but problems can happen ranging from minor to fatal. These include nausea, vomiting, pain, bleeding, infection, poor healing, hernia or formation of adhesions. Unexpected reactions may occur from any drug or anesthetic given. Unintended injury may occur to other pelvic or abdominal structures such as fallopian tubes, ovaries, bladder, ureter (tube from kidney to bladder), or bowel. Nerves going from the pelvis to the legs may be injured. Any such injury may require immediate or later surgery to correct the problem. Problems may be noted at the time of surgery or may not be apparent until later. Dangerous blood clots may form in the legs or lungs. Physical and sexual activity will be restricted in varying degree for an indeterminate time, but most often 3-6 weeks. Finally, I understand that it is impossible to list every possible undesirable effect and that the condition for which surgery is done is not always cured or significantly improved and in rare cases may even be worse.

_____ In the event of heavy bleeding a blood transfusion may be needed. This carries associated risks of contracting an infectious disease from the blood such as hepatitis or AIDS.

_____ I have been told that the surgery proposed (_____) in addition to the hysterectomy may raise other concerns such as:

_____ I understand I will be in the hospital for approximately _____ days, and that I will not be fully recovered from surgery for approximately _____.

_____ I have read and understood the information provided above and I have discussed this information with _____.

_____ I have received a copy of this form and I have been given the preprinted material prepared by ACOG, "Understanding Hysterectomy".

_____ I have been given the opportunity to ask questions and these have been answered to my satisfaction.

Patients signature: _____ Date: _____

Witness: _____ Date: _____