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Hysterectomy Consent Form

Please initial all blanks:

_____ 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 or 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 that 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: _____

_____.

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

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

_____ Repeated dilation and curettage, hysteroscopy, laser therapy, or biopsy.

_____ Combinations of any of the 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, formation of adhesions that may result in bowel obstruction and uncontrolled leakage of urine. 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 additional surgery to correct the problem. Dangerous blood clots may form in the legs or lungs. Physical and sexual activity will be restricted in varying degrees for any indeterminate period of time, but most often for 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 be even worse.

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

_____.

_____ I have been told that pain during the procedure will be controlled by the use of local, regional or general anesthesia, which I will select in discussion with my anesthesiologist. I understand that anesthesia is not under the control of my operating physician, and that every anesthetic runs certain risks. Therefore, I will discuss with my anesthesiologist the risks and benefits of the specific anesthetic I choose.

_____ I have been told that I can expect the following benefits or advantages from the proposed surgery, but that no results can be guaranteed or assured: _____
_____.

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

_____ I have read and understood the information provided above, and I have discussed this information with _____. All of my questions have been fully answered to my satisfaction.

_____ I have received a copy of this form and I have also been given the preprinted material: ACOG pamphlet – Hysterectomy; _____; _____.

Signature of Patient Date _____

Witness Signature Date _____