

## Hysterectomy

Hysterectomy is a surgical procedure performed to remove the uterus. It may or may not involve removing the ovaries or cervix. Indications for hysterectomy include excessive bleeding, pain, or uterine prolapse when other treatments have failed. Cancers or precancerous changes in the uterus or cervix may require hysterectomy.

Hysterectomy can be performed by several techniques. Abdominal hysterectomy involves an abdominal incision to allow access to the uterus. Vaginal hysterectomy is performed when the uterus can be removed through incisions in the vagina. Laparoscopic hysterectomy is performed using a small camera and instruments placed through the abdominal wall to surgically remove the uterus. It is then removed from the vagina or cut into little pieces using a morcellator and removed through the small incisions on your abdomen.

Hysterectomy, regardless of route, carries some risk. Risks include but are not limited to infection of the incision, pelvis or urinary tract, bleeding requiring transfusion, damage to bowel or urinary tract, vaginal shortening resulting in painful intercourse, blood clots (DVT) that may move to the lung and be life threatening or fatal, lower extremity nerve damage, chronic pelvic pain. Complications cannot always be detected at the time of surgery or be prevented. Some complications develop after the surgical procedure is completed.

It is important to remember that hysterectomy is rarely the only option. Most hysterectomies are performed for non life threatening reasons. Therefore, it is vitally important that you understand the alternatives and weigh the risks and consequences of surgery prior to proceeding with hysterectomy.

Although precautions will be taken to protect your safety, no surgery is without risk.

By signing below, I confirm that I have spoken with my doctor regarding the risks of hysterectomy as well as the alternatives available to me. I have considered the options and am certain that hysterectomy is in my best interest despite the risks. In addition, I have read and accept the risks described above and consent to the procedure listed.

Name \_\_\_\_\_

Date \_\_\_\_\_

Procedure \_\_\_\_\_

Doctor \_\_\_\_\_