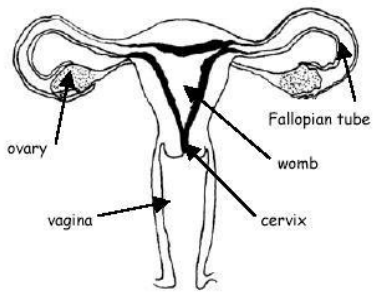
CONSENT FORM **FOR** **Total LAPAROSCOPIC VAGINAL HYSTERECTOMY ± BILATERAL SALPINGECTOMY**	Med Rec. No: <<Patient Demographics:Record Number>> Surname: <<Patient Demographics:Surname>> Forename: <<Patient Demographics:First Name>> DOB: <<Patient Demographics:DOB>>

This means removing the womb via the vagina, using a laparoscope (telescopic camera) inserted through the abdominal wall) to help to free the womb. The tubes and ovaries may also be removed using the laparoscope at the same time, if necessary.

Under a general anaesthetic, a urinary catheter is put in the bladder. A small cut is made near the umbilicus ("belly button") to insert the laparoscope through the abdominal wall. Carbon dioxide gas is used to blow up the abdominal cavity so the surgeon can see the contents clearly. Separate small cuts are made for other instruments as needed (usually only 2-3) and the ovaries, tubes and as much of the womb as possible are freed from their attachments.
The surgeon then frees the cervix from the vagina and works upwards from below. The tissues can be removed through the laparoscope or the vagina as convenient. The wounds are closed. A pack may be left in the vagina for a day to absorb secretions and control any minor bleeding.



RISKS
These are the more common risks. There may be other unusual risks that have not listed here. Please ask ***Dr Rana*** *if you have any general or specific concerns.*

I understand there are risks associated with any **anaesthetic,** and I can discuss these with the Anaesthetist. I may have side effects from any of the drugs used. The more common side effects include light-headedness, nausea, skin rash and constipation.

- Afterwards I may feel nauseated, feel some shoulder tip pain and/or abdominal pain and bloating
- Carbon dioxide may enter a blood vessel and become life threatening (1/65,000)
- Laparotomy. In some instances an abdominal incision may be required.
- Wound. Pain, bruising and redness is common.
- There is a 1/300 risk of a hematoma requiring drainage. Longer term risks include Hernia formation (less than 1/1000 risk), and Keloid scar formation.
- Haemorrhage. The risk of significant bleeding is less than 5%. The risk of requiring a transfusion, or further surgery to deal with bleeding, is less than 1%.
- Infection. This may occur in various sites, including the chest, pelvis, wounds and bladder. In most cases infection can be treated with antibiotics, but on occasions may require further surgery.
- Damage to other organs. These include bowel/rectum (risk less than 2%), bladder (risk less than 2%), or the ureter (tube from kidney to bladder) (risk less than 1%). If this happens the usual procedure is to carry out immediate repair. This may include bowel surgery, colostomy, bladder or ureteric repair. On occasions this damage may not be immediately recognised, and so there may be a delay in diagnosis, and subsequent repair.
- Bladder, bowel and sexual function. There may be short-term and long-term changes in function. Urinary catheterisation may be required.
- Venous thromboembolism. Blood clots can develop in the veins of the legs or pelvis, which may cause pain and swelling. If these become loose, they may travel to the lungs (Pulmonary embolus), making me short of breath. Occasionally this may be fatal. Patients are frequently given elasticated stockings to protect against clot formation, and some patients are given anticoagulant injections.
- Fluid may develop in the pelvis or the top of the vagina, and may require antibiotics or further surgery.
- Electric diathermy can short-circuit, used to control bleeding and cause a skin burn.
- A fistula is the rare (less than one in 5000) complication involving the development of an abnormal opening between two adjoining structures, and symptoms depend on the structures involved. Repair usually involves complex surgery.
- Scar tissue can cause adhesions between loops of bowel, and there is a small risk of subsequent bowel blockages, which may require further treatment or surgery.
- Very rarely severe complications could result in death.

I understand that **hysterectomy** has the following **specific risks and limitations**:

- I will no longer have periods, be able to become pregnant or bear children. This is irreversible.

• Even if my ovaries are not removed, my menopause may occur 3-4 years earlier or occasionally immediately, if the blood supply to the ovaries is damaged.
• Later, scarring of the top of my vagina may shorten it or make intercourse painful.
• Intercourse may be less satisfying in some women, but improved in others.

I understand that **oophorectomy** has the following **specific risks and limitations**:

• If I am pre-menopausal, I will have an immediate menopause with the consequences of hot flushes, night sweats and vaginal dryness. As for other post-menopausal women, I may be at increased risk of heart disease and osteoporosis.
• Where appropriate, and if I wish, these consequences may be treated by hormone replacement.

My bladder, ureters (tubes from the kidneys to the bladder) or bowel may be damaged during the operation and need to be repaired. These risks are more likely with a laparoscopic procedure than an open or vaginal procedure.

Very rarely a fistula (an abnormal connection between adjoining structures) may develop, and require extensive surgery to repair it.

As the operation site heals, loops of bowel may stick to the site or each other (adhesions); these may cause blockage of the bowel with pain and bloating, and may require surgical correction.
I understand some of the above **risks are more likely** if I smoke, am overweight, diabetic, have high blood pressure or have had previous heart disease.

INDIVIDUAL RISKS:

I understand the following are possible significant **risks and complications specific to my individual circumstances,** that I have considered in deciding to have this operation:

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DECLARATION BY PATIENT:

- I acknowledge that ***Dr Rana*** has informed me about the procedure, alternative treatments and answered my specific queries and concerns about this matter.
- I acknowledge that I have discussed with ***Dr Rana*** any significant risks and complications **specific to my individual circumstances** that I have considered in deciding to have this operation.
- I agree to **any other additional procedures** considered necessary in the judgement of my gynaecologist during this operation.
- I consent to a **blood transfusion**, if needed.
- I agree to the disposal by the hospital authorities of any tissues or parts that may be removed during the operation. I understand that some tissues or samples may be kept as part of my hospital records.
- I have received a copy of this form to take home with me.
- If any staff member is exposed to my blood (needle stick injury) then I consent to a sample of my blood being collected for testing for infectious diseases, such as hepatitis B, C and HIV. I understand that the blood sample will not be tested until I have been informed and I have given my consent.

Signature of Patient		**Date**	

If the patient is unable to give consent, a proxy form must be completed and attached.

DECLARATION BY DOCTOR:

- I declare that I have explained the nature of the patient's condition, the procedure to be performed, and discussed the risks that particularly concern the patient.
- I have given the patient an opportunity to ask questions and I have answered these.

Doctor's Signature		**Date**	
Doctor's Name *(please print)*	Dr Ritu Rana		

INTERPRETER'S DECLARATION:

I confirm I have accurately interpreted the contents of this form and the related conversations between the patient and the doctor.

Interpreter's Signature		**Date**	
Interpreter's Name *(please print)*			