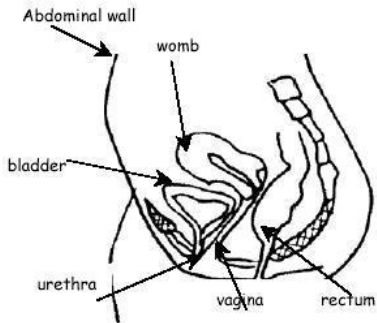


<p>CONSENT FORM FOR VAGINAL HYSTERECTOMY + ANTERIOR/ POSTERIOR VAGINAL REPAIR</p>	<p>Med Rec. No: <<Patient Demographics:Record Number>></p> <p>Surname:<<Patient Demographics:Surname>></p> <p>Forename: <<Patient Demographics:First Name>></p> <p>DOB: <<Patient Demographics:DOB>></p>
<p>This means removing the uterus and repairing and strengthening the front and back vaginal wall, particularly where the bladder or the urethra and/or rectum has prolapsed.</p>	
<p>Under a general anaesthetic, the uterus is removed vaginally; the front vaginal wall is cut from behind the urinary opening to the top to allow the surgeon to expose the damaged tissues around the bladder and urethra. These tissues are reinforced using stitches that absorb slowly or that remain permanently. If necessary, any excess vaginal skin is cut away.</p> <p>a cut is made in the back wall of the vagina from its entrance to the top. The tissues are dissected so the muscles of the floor of the pelvis can be seen. The tissues around the vaginal wall are strengthened using stitches that only absorb very slowly and any muscle weakness is also repaired.</p> <p>The vaginal skin is then closed with an absorbable stitch and the vagina may have a sterile pack left in place for a day after the operation to absorb secretions and control minor bleeding. If necessary, this operation may be combined with other prolapse repairs.</p> <p>A urinary catheter is placed in the bladder and brought out through the urethra or the abdominal wall. This usually remains in place for a few days to keep the bladder empty and the area dry to allow healing to start.</p>	 <p>The diagram is a sagittal cross-section of the female pelvic region. It shows the abdominal wall on the left, the womb (uterus) in the center, the bladder below it, the urethra leading from the bladder, the vagina, and the rectum on the right. Arrows point to each of these structures with their respective labels.</p>

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.

I understand that **vaginal hysterectomy, anterior and posterior vaginal repair** has the following **general risks and limitations**:

- 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.

I understand that **vaginal hysterectomy and repair for prolapse** has the following **specific risks and limitations**:

- My vaginal prolapse may recur or persist.
 - I may develop an infection in my urine (cystitis).
 - There is a small chance I may develop stress urinary incontinence (losing a little urine involuntarily when I cough or sneeze), even if I didn't have that previously.
 - I have a small risk that I may have difficulty passing urine and may need a catheter for a longer period of time.
 - Rarely, the urethra or bladder is damaged during the operation. This is usually repaired at the same time, but if it is not, I may develop an abnormal opening between my bladder and vagina (fistula) that will mean I leak urine through my vagina. This may require further surgical treatment.
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- 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.
 - Even though the operation repairs the weakness successfully, I may still have some difficulty completely emptying my bowel or I may still have constipation.
 - Intercourse may be painful for me after the operation.
 - Very rarely, my rectum may be damaged during the operation and need to be repaired. A fistula may develop between the Vagina and Bowel and require extensive corrective surgery.

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.

<p>INDIVIDUAL RISKS:</p> <p>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:</p> <p>.....</p> <p>.....</p>

<p>DECLARATION BY PATIENT:</p> <ul style="list-style-type: none"> • 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.
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Signature of Patient	Date
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If the patient is unable to give consent, a proxy form must be completed and attached.

<p>DECLARATION BY DOCTOR:</p> <ul style="list-style-type: none"> • 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.
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Doctor's Signature	Date
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Doctor's Name <i>(please print)</i>	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 <i>(please print)</i>			