

Procedure Information Sheet – Vaginal Hysterectomy ± Laparoscopic Assistance

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No. :	

Clinical diagnosis: fibroid / DUB / _____

Indication for surgery: pelvic or abdominal mass / heavy menstrual flow / _____

1. Nature of the procedure

- 1.1. General anaesthesia
- 1.2. Incision made around cervix vaginally, lower part of uterus freed
- 1.3. Upper pedicles freed
- 1.4. Uterus removed vaginally
- 1.5. Vaginal wound closed
- 1.6. If difficulty encountered during hysterectomy, may need episiotomy or proceed to laparoscopy
- 1.7. Ovaries and tubes may be removed but not in case difficulty encountered
- 1.8. All tissue removed will be sent to the Department of Pathology or disposed of as appropriate unless otherwise specified
- 1.9. Photographic and/or video images may be recorded during the operation for education//research purpose. Please inform our staff if you have any objection.
- 1.10. Similarities with abdominal hysterectomy:
 - 1.10.1. Same organ(s) removed
 - 1.10.2. Same sequelae
- 1.11. Difference from abdominal hysterectomy:
 - 1.11.1. No abdominal wounds if laparoscopic assistance not required
 - 1.11.2. Less painful
 - 1.11.3. Faster postoperative recovery
 - 1.11.4. Earlier discharge
 - 1.11.5. Shorter sick leave required

2. Benefits of the procedure

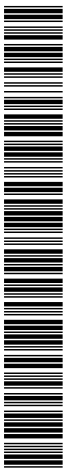
- 2.1. Relieve symptom(s) / remove and confirm pathology / _____

3. Other consequences (after the procedure)

- 3.1. No menstruation
- 3.2. Unable to get pregnant
- 3.3. Can have coitus
- 3.4. Should not affect hormonal status if ovaries are not removed
- 3.5. Ovarian failure may occur 2-4 years earlier than natural menopause
 - 3.5.1. Climacteric symptoms if ovaries are removed in a pre-menopausal woman

4. Risks and complications (may include, but are not limited to the following)

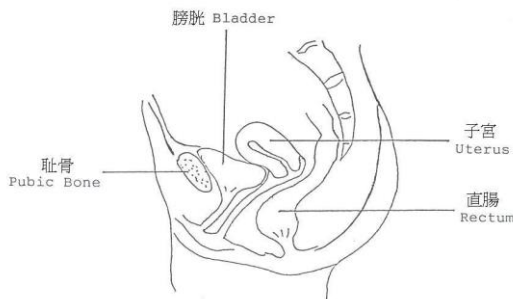
- 4.1. Women who are obese, who have significant pathology, who have undergone previous surgery or who have pre-existing medical conditions must understand that the quoted risks for serious or frequent complications will be increased.
- 4.2. Anaesthetic complications
- 4.3. Similar complications as abdominal hysterectomy
- 4.4. Serious:
 - 4.4.1. Bleeding, may need blood transfusion



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- 4.4.2. Injury to neighbouring organs especially the bladder (probably less than laparoscopic Hysterectomy), ureters (probably less than laparoscopic hysterectomy) and bowels (probably more than abdominal hysterectomy), may require repair
- 4.4.3. Return to theatre because of complications like bleeding, wound dehiscence
- 4.4.4. Pelvic haematoma
- 4.4.5. Pelvic abscess, infection
- 4.4.6. Deep vein thrombosis and pulmonary embolism
- 4.4.7. Risk of death
- 4.4.8. Vault prolapse
- 4.5. Frequent:
 - 4.5.1. Febrile morbidity
 - 4.5.2. Frequency of micturition, dysuria and urinary tract infection
 - 4.5.3. Vaginal bleeding
 - 4.5.4. Ovarian failure
 - 4.5.5. Internal scarring with adhesions
 - 4.5.6. Postoperative difficulty and/or pain with intercourse



5. Risks of not having the procedure

- 5.1. Progression and deterioration of disease condition
- 5.2. Exact diagnosis cannot be ascertained

6. Possible alternatives

- 6.1. Observation
- 6.2. Non-surgical treatment e.g. medical treatment, LNG-IUS (Mirena)
- 6.3. Open/laparoscopic approach
- 6.4. Endometrial ablation / resection (for DUB)
- 6.5. Myomectomy (for uterine fibroid)
- 6.6. Uterine artery embolisation
- 6.7. Others _____

7. Other associated procedures (which may become necessary during the procedure)

- 7.1. Blood transfusion
- 7.2. Laparoscopy or laparotomy (less than 5 in every 100) due to operative difficulty, complication or other pathology identified
- 7.3. Procedure for unsuspected ovarian disease: leave alone / cystectomy / salpingo-oophorectomy
- 7.4. Removal of tubes and ovaries (prophylactic or when affected):
 - 7.4.1. If removed – may need hormonal therapy; note the risk of hormonal therapy including carcinoma of breast, deep vein thrombosis, gall stone and the need to pay for the cost if you do not have any climacteric symptoms
 - 7.4.2. If not removed – life time risk of carcinoma of ovary without hysterectomy is 1.4-2 in every 100(common), reduced by 1/2 to 2/3 with hysterectomy; 5 in every 100 chance(common) of future operation for ovarian pathology

8. Special follow-up issue

- 8.1. Avoid intercourse until examination by doctor at follow up

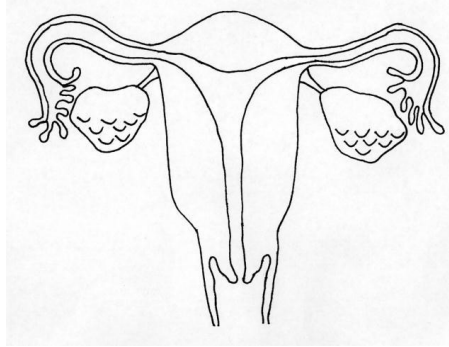


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9. Statement of patient

9.1. Procedure(s) which should not be carried out without further discussion



I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____

