**Total Laparoscopic Hysterectomy**

**Educational Material and Consent Form**

Patient name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of provider conducting informed consent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Health Problem**

You have one or more of these problems:

* too much bleeding or bleeding that is not normal from the uterus (womb),
* pain in the pelvis (lower abdomen) that not helped by drugs,
* uterine prolapse (a sagging uterus),
* pre-cancer or cancer in the uterus or cervix (opening of the uterus),
* fibroids (non-cancer growths) in the uterus,
* an abnormal pap smear, or
* endometriosis or adenomyosis (when uterus tissue grows outside the uterus or in the walls of the uterus).

Your doctor thinks you should have a total laparoscopic hysterectomy to treat your health problem.

During this surgery, your doctor will take out your uterus and cervix. You may have a laparoscopic (minimally invasive) hysterectomy. This will allow you to recover more quickly. You may have less pain, blood loss, and scarring and fewer complications and infections than women who have an abdominal hysterectomy (when one large cut is made in the abdomen).

After a laparoscopic hysterectomy you will no longer have a period or be able to get pregnant. You will not have to take birth control or have pain from your period. Most women no longer need pap smears.

**The Procedure and Follow Up**

You will be given anesthesia and will be asleep during the procedure. You will get drugs through a vein in your arm or hand.

The surgery is done through small cuts in the abdomen. It can be done with or without robotic help. The method your doctor chooses will depend on your other health conditions, your daily activities, and the surgeries you have had before. Your doctor will help you choose the approach that is best for you.

* **Laparoscopic:** A few small cuts are made in the abdomen. Gas (carbon dioxide) is gently pumped inside. This makes your abdomen bigger so your doctor can see better. Your doctor will put a scope with a light and camera on the end through one of the cuts. Tools will be put through the other cuts. The laparoscopic approach lets you heal more quickly and has less risk of infection.
* **Robotic-assisted laparoscopic surgery**: Some doctors also use a small robot to help them work in a tight space. Robotic arms hold a small camera and tools for surgery. The doctor uses a computer to control the robot. Very precise movements and cuts can be made.

In both procedures, your doctor will remove your whole uterus, including the cervix. It will be taken out through the small cuts or from the vagina. Sometimes other organs are removed, including the fallopian tubes (tubes that take eggs to the uterus), or ovaries (which produce eggs). Your doctor will decide which organs need removal based on your age, family history, and reason for surgery.

You might go home the same day or the next day after your procedure.

Your abdomen will be sore for several days, but you can take drugs to help with the pain. Your doctor will choose a pain treatment plan based on your needs. After surgery it is normal to:

* have light bleeding from the vagina,
* feel tired,
* have some cramping and/or a sore abdomen,
* have some shoulder pain, or
* be constipated.

Most patients should not drive for about a week after the procedure. You can do most of your regular activity two weeks after surgery, but you should not do any heavy lifting for at least six weeks. You should not use tampons, have sex, or exercise for six weeks, or until your doctor tells you it is safe. Full healing will take six to eight weeks.

Call your doctor if you have any of the following after surgery:

* problems breathing or shortness of breath,
* very heavy bleeding,
* pain that is not controlled or getting worse even with drugs,
* feeling sick to your stomach and throwing up, or
* a temperature over 100 degrees.

**Risks and Common Problems**

There are risks linked to this procedure, which include but are not limited to:

**Adhesions:** After any procedure, scar tissue can form inside the body. This could block the bowels, kidneys, or bladder.

**Allergic reaction:** All kinds of allergic reactions can happen. You could have a minor reaction such as a rash or a severe reaction such as swelling of your tongue or throat. A severe allergic reaction is a medical emergency that can cause death.

**Anesthesia problems:**  You could have a bad response to the drugs you were given during the procedure.

**Bleeding:** You may have bleeding during or after the surgery. You could have bleeding from the cuts or from inside your body. If you have a lot of bleeding, then you should call your doctor or go to the nearest emergency room.

**Blood clots:** A clot is a gelled mass of blood that can stop blood flow. You may get a clot that starts in the legs and travels to the lungs. This can cause breathing problems and chest pain. This is a medical emergency that can cause death.

**Carbon dioxide embolism:** With a laparoscopic procedure, carbon dioxide gas is used to inflate the abdomen. There is a chance that some of the gas could get into the bloodstream and block blood flow in the lungs. This is a medical emergency. This is rare.

**Cardiac arrest:** Your heart could stop beating during the procedure and cause harm to your internal organs. This is a medical emergency that can cause death.

**Conversion to open procedure (surgery through one large cut):** It is not common, but if there are problems that need a better look or more room, your doctor may switch to an open procedure. In an open procedure, a larger cut is made through the skin in the lower abdomen. The cut may be vertical (up and down) or horizontal (across). The type of cut depends on the size of your uterus and your health history. An open procedure lets your doctor see and work directly with much more room. A change in procedure type is not a problem. If you have to have an open procedure, the cut is closed with stitches or staples. Most patients go home the same day or the next day, but some need to stay in the hospital for a few days. There may be a tube left in your bladder until you can urinate on your own.

**Fistulas:** A fistula is a space between two areas of the body that is not normal. This space may be between two organs. You may need to have another procedure to fix this problem.

**Infection:** You could get a sickness caused by germs. If this happens, then you will need to be treated with drugs that kill germs or slow their growth.

**Injury:** Nearby structures like the gut, bladder, tubes draining the kidneys, or blood vessels could be torn, poked, cut, or stretched. If this happens, then you may need another procedure to fix the problem. Loss of or loss of function of a limb or organ are very rare.

**Laparoscopic surgery risks:** In laparoscopic surgery, small cuts are made in your abdomen. This can sometimes cause injury to organs and other tissues. This can cause bleeding and even death. If an injury happens, it may be fixed right away, or you may need another procedure to fix it later. Rarely, the equipment could break or not work as it should. The abdominal wall could be weak after healing and bulges (hernias) could happen later. If it bothers you, you will need another surgery to fix it.

**Nerve injury:** You may have damage to the nerves in your body. Your doctor may have to cut through nerves to do the procedure. Or nerves near the site of the procedure may be stretched. Parts of your body may not move or work as well as they did before the procedure. You could also have nerve pain or loss of feeling. These problems could last for a short time, or they may never go away.

**Persistent symptoms:** There is no guarantee that the procedure will solve all your problems.

**Scar tissue:**  Your skin will be cut, and you will have scar tissue. Scar tissue is thick tissue that forms on your skin or inside the body as a wound heals. If too much scar tissue forms, then you may not be able to move your body the way you used to before the procedure. You may be able to have plastic surgery to improve the look of the scar. If you choose to have plastic surgery, then it will be at your own cost.

**Surgical menopause:** If your ovaries are taken out, your body will not make the same level of sex hormones after surgery. Low levels of the hormone estrogen can cause problems. You may have hot flashes, mood changes, sleeplessness, and dryness of the vagina, skin, eyes, and mouth. Your bones will begin to lose their normal hardness. Your doctor may tell you that you can take drugs to replace the estrogen or to treat these problems.

**Vaginal bleeding:** Some patients have bleeding or discharge like a period. This can last for a few days.

**Vaginal cuff separation:** After surgery, stitches at the top of your vagina could tear. You might need more surgery to fix this.

If any of the problems listed above happen to you, then you may need to have more treatments or procedures. This means you may need to go to the hospital or stay in the hospital for longer than planned.

**Other Choices**

If you choose not to have a laparoscopic hysterectomy, then you may have other choices. You could:

* take drugs prescribed by your doctor to help with bleeding,
* have an endometrial ablation to treat the lining of the uterus,
* have a dilation and curettage (scraping the uterus lining),
* have an artery embolization to block blood vessels that are causing heavy bleeding,
* have a myomectomy to take out fibroids,
* have the same surgery from the outside of the body through the vagina or through one large cut in the abdomen, or
* do nothing (which means your problems will continue and any cancer could get worse).

Your doctor will let you know what other choices may be best for you. How well any other treatment works will depend on your specific health problem.

**More Facts**

You will not be able to get pregnant after you have this procedure. You **must** be sure that you do not want to have a child before having this procedure. Most women find sex to be no different after this surgery.

Your risks with a laparoscopic surgery could be higher if you have had surgery before or have other medical conditions.

Other doctors and skilled medical personnel may help your doctor. They will follow state laws and rules from their health care facilities about what duties they may do.

**Consent to Treatment**

**\_\_\_\_Patient Initial** The first four (4) pages of this form told you the risks, likely results, other choices, and problems that could happen with a total laparoscopic hysterectomy. If, after you have read and reviewed this form with your doctor, you do not believe that you really understand the risks, likely results, other choices, and possible problems of a total laparoscopic hysterectomy, **do not sign the form until all your questions have been answered**.

I have \_\_\_ no known drug allergies **or** \_\_\_ the drug allergies listed below:

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I understand all the facts given to me in the first four (4) pages of this form. I give my consent to Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_ and his/her associates to do a total laparoscopic hysterectomy on me. By signing below, I agree that: my doctor has discussed all the facts in this form with me, no one has given me a guarantee about success or outcome, I have had a chance to ask questions, and all my questions have been answered.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Patient or Responsible Party Date and Time

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Relationship to Patient (if Responsible Party is not Patient)

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Witness Date and Time

**Note to Witness:** You have been asked to witness this procedure-specific informed consent. By witnessing this form, you are acknowledging that you have asked, and the patient has confirmed to you that she:

* has read the whole form,
* understands the form as it is written,
* understands no guarantees have been made about success or outcome,
* has had her questions answered, and
* chooses to carry on with the doctor’s recommended procedure.

**Physician:** I confirm with my signature that I have given the patient four (4) pages of educational material and have discussed with the above-named patient the risks, likely results, other choices, and possible problems of a total laparoscopic hysterectomy. The patient has had the chance to ask questions, all questions have been answered, and she has expressed understanding. I have made no guarantees about success or outcome. Thus informed, the patient has asked that I do a total laparoscopic hysterectomy on her.

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Physician Signature Date and Time

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Witness Date and Time