GENERAL RISKS
There are risks and complications with this procedure.

This condition requires the following procedure
(Doctor to document - include site and/or side where relevant to the procedure)

The following will be performed:
Removal of the uterus (womb) through the vagina and repair of any uterus vaginal prolapse.

C. RISKS OF A VAGINAL Hysterectomy & Repair
There are risks and complications with this procedure. They include but are not limited to the following.

General risks:
- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Heart attack or stroke could occur due to the strain on the heart.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.
- Death as a result of this procedure is possible.

Specific risks:
- Severe bleeding from large blood vessels about the uterus.
- Collection of blood clot at top of vagina (haematoma).
- Infection in the operation site or pelvis or urinary tract requiring antibiotics and further treatment.

D. SIGNIFICANT RISKS AND PROCEDURE OPTIONS
(Doctor to document in space provided. Continue in Medical Record if necessary.)

E. RISKS OF NOT HAVING THIS PROCEDURE
(Doctor to document in space provided. Continue in Medical Record if necessary.)

F. ANAESTHETIC
This procedure may require an anaesthetic. (Doctor to document type of anaesthetic discussed)
I acknowledge that the doctor has explained:

- my medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- the anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- other relevant procedure/treatment options and their associated risks.
- my prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.
- a doctor other than the Consultant may conduct the procedure. I understand this could be a doctor undergoing further training.

I have been given the following Patient Information Sheet/s:

- [ ] About Your Anaesthetic
- [ ] Epidural & Spinal Anaesthetic
- [ ] Vaginal Hysterectomy & Repair
- [ ] Blood & Blood Products

I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.

I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.

I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.

On the basis of the above statements,
1. What do I need to know about this condition?

The uterus (also known as the womb) is a pear shaped organ that sits between the bladder and the rectum (back passage).

From puberty, every 26 to 30 days the uterus begins a menstrual cycle, during which time the uterus prepares itself to receive and nourish a fertilised egg (ovum). If the egg is not fertilised, then the thickened lining of the uterus sheds as a period (menstrual bleeding). If the egg is fertilised, then the cycle changes, periods stop and the uterus grows to provide nourishment and support for the growing baby until birth.

The uterus, tubes and ovaries.

The most common conditions of the uterus, for having a hysterectomy are:

- uterine disease.
- diseases of tubes and ovaries.
- as part of the treatment for a prolapse.
- bleeding not controlled by conservative treatment.

2. What do I need to know about this procedure?

Vaginal Hysterectomy:

Removal of the uterus through the vagina. The vagina is stitched from below and there is no cut in the abdomen.

Sometimes, a laparoscope (telescope type of instrument) is also used. The surgeon will discuss this with you.

The female organs before hysterectomy.

The female organs after hysterectomy.

3. What are the benefits of having this procedure?

The decision to have a hysterectomy depends on the type of problems you are having and how bad they are. It also depends on whether you need major surgery to make your life better or, if you have a life threatening illness, to prolong your life. You need to discuss this with your surgeon.

4. What are the risks of not having this procedure?

This depends on the reason for the surgery:

- For prolonged bleeding, you may develop anaemia, which may need blood transfusions, and continued problems with heavy and irregular periods.
- If you have a prolapse, the uterus can drop down into the vagina and even outside the vagina where it can develop ulcers and cause considerable pain and discomfort.
- If you have a suspected tumour, then possible spread of tumour may result.

5. What are the alternative treatments to this procedure?

Other treatment options will depend very much on what the cause of the problem is.

For prolonged and heavy bleeding:

- birth control pills or other oral medicines.
- a Mirena, a slow-release hormone system inserted into the womb, lasting 5 years.
8. What are the specific risks of having this procedure?

- Failure after vaginal repair ie. Vaginal repair may not be successful, in the short or long term and may need later corrective surgery. This is recurrence of the prolapse.
- Occurrence of pain during sexual intercourse or altered sexual function after vaginal repair.

More specific risks continues in the table on the next page -
8. What are the specific risks of having a vaginal hysterectomy & repair procedure? (Continued)

<table>
<thead>
<tr>
<th>The risk</th>
<th>What happens</th>
<th>What can be done about it</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excessive bleeding</td>
<td>Severe bleeding from large blood vessels about the uterus or vault of vagina may occur. This is not common.</td>
<td>Emergency surgery to repair the damaged blood vessels after the operation. A blood transfusion may be required to replace blood loss. A vaginal pack may be used to control the bleeding.</td>
</tr>
<tr>
<td>Infection</td>
<td>Infection in the operation site or pelvis or urinary tract may occur. This is not uncommon.</td>
<td>Treatment by antibiotics.</td>
</tr>
<tr>
<td>Bladder or Bowel injury</td>
<td>Nearby organs such as the ureter(s) (tube leading from kidney to bladder), bladder or bowel may be injured.</td>
<td>Further surgery will be needed to repair the injuries. For bladder injuries, a catheter (plastic tube) may be put into the bladder to drain the urine away until the bladder is healed. For ureter injury, a plastic tube (stent) is placed in the ureter for 6 weeks and then removed by cystoscopy or sometimes a ureteric reimplantation via laparotomy will be necessary. If the bowel is injured, part of the bowel may be removed, with a possibility of a temporary or permanent colostomy (opening onto the abdomen so that waste can pass out).</td>
</tr>
<tr>
<td>A leak between the bladder and vagina</td>
<td>Rarely a connection (fistula) may develop between the bladder and the vagina. This causes leakage of urine via the vagina, which you will have no control over.</td>
<td>This will require further corrective surgery.</td>
</tr>
<tr>
<td>Bowel blockage</td>
<td>The bowels may not work after the operation. This may be temporary or in the longer term, a bowel obstruction can develop.</td>
<td>Treatment may be a drip to give fluids into the vein and no food or fluids by mouth. If it doesn’t get better, bowel surgery may be necessary which may include a colostomy. This can be temporary or permanent.</td>
</tr>
<tr>
<td>Pain in the perineum</td>
<td>Pain and discomfort in the perineum - the area between the vagina and the back passage - for up to 6 weeks after operation</td>
<td>Pain killers depending on the level of discomfort.</td>
</tr>
<tr>
<td>Change in bladder and bowel habits</td>
<td>A change in the sensory nerves of the bladder and bowel due to surgery. Constipation and bladder problems. Incontinence (uncontrolled passing of urine) may result later in life.</td>
<td>Medication may be used to control constipation. Advice on managing incontinence.</td>
</tr>
<tr>
<td>Feelings of depression and anxiety</td>
<td>Psychological changes after surgery. Feelings of depression and anxiety can be prolonged after surgery.</td>
<td>Counselling may be of benefit. Anti depressants may be prescribed for a short while.</td>
</tr>
<tr>
<td>Increased risk in smokers.</td>
<td>An increased risk of wound infection, chest infection, heart and lung complications, thrombosis.</td>
<td>Giving up smoking before operation will help reduce the risk.</td>
</tr>
</tbody>
</table>

Death is a rare event as a result of hysterectomy – at a rate of 6 women in 10,000 cases.
9. What do I need to know about my recovery from this procedure?

After the operation, the nursing staff will closely watch you until you have recovered from the anaesthetic. You will then go back to the ward where you will recover until you are well enough to go home, usually about 2 days after vaginal surgery and 4-5 days after abdominal surgery.

If you have any side effects from the anaesthetic, such as headache, nausea, vomiting, you should tell the nurse looking after you, who will be able to give you some medication to help.

- **Pain**
  You can expect to have pain in the operation site. There are a number of ways in managing your pain. You may have:
  - a drip with painkillers into the spine, which deadens the area below your waist.
  - a drip with painkillers that you can give yourself when you feel pain.
  - be given injections.

It is important that you tell the nursing staff if you are having pain. Your pain should wear off within 7 - 10 days. If it does not, you must tell your Doctor.

- **Diet**
  You will have a drip in your arm when you come back from surgery. This will be removed when you are able to take food and fluids by mouth and you are no longer feeling sick.

It is not unusual to feel sick for a day or two after surgery. Tell the nurse if this happens to you so that you can have drugs to stop it. To begin with, you can have small sips of water, and then slowly take more until you are eating normally.

- **Wounds**
  You may have a drain into the vagina, which will be removed after 24 to 48 hours following surgery. You will have a very light blood loss from the vagina for 4 to 6 weeks after surgery. If the bleeding is heavy – you must tell your doctor.

- **Bladder and bowels**
  You may come back from theatre with a tube into the bladder (catheter) to drain the urine from the bladder into a plastic bag. This is removed within a day or two of surgery.

You must not strain to make your bowels move. The nursing staff will check with you daily until you have a normal bowel motion and, if you are having problems, they will give you some medicine to help.

- **Your lungs and blood supply**
  It is very important after surgery that you start moving as soon as possible. This is to prevent blood clots forming in your legs and possibly travelling to your lungs. This can cause death.

To help prevent clots forming in your legs, you will have support stockings (TEDS) on before you go to surgery and these will stay on until you are walking on your own. You may also be put on drugs to thin your blood.

Also, you need to do your deep breathing exercises, ten deep breaths every hour, to get the secretions in your lungs moving and help prevent a chest infection. At all costs, avoid smoking after surgery as this increases your risk of chest infection which causes coughing - a painful experience after abdominal surgery.

- **Exercise**
  You need to do your deep breathing exercises, ten deep breaths every hour, to get the secretions in your lungs moving and help prevent a chest infection.

Do expect to feel tired for sometime after surgery. You need to take things easy and gradually return to normal duties, as you feel able to. It usually takes about 6 weeks to recover and up to 6 months to feel back on top of things again.

**You should not drive during the first 2 - 4 weeks – until you can brake suddenly without pain.** This is to allow healing to take place inside.

You may have sexual intercourse about 6 weeks after surgery.

Do not lift heavy weights (over 2-3 kilos in weight) for at least six weeks after surgery.

10. What do I need to tell my doctor?

Tell your doctor if you have:

- large amounts of bloody discharge from the vagina.
- fever and chills.
- pain that is not relieved by prescribed painkillers.
- swollen abdomen.
- leaking from the vagina.

Notes to talk to my doctor about:

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