



**Queensland Government**

**Hysterectomy (Vaginal/ Laparoscopic/Abdominal) Consent**

- Child/Young Person** (under 18 years)       **Adult** (18 years and over)

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

**A. Does the patient have capacity?**

- Yes → **GO TO section B**  
 No → **COMPLETE section A**

**B. Is an interpreter required?**

If yes, the interpreter has:

- provided a sight translation of the informed consent form in person  
 translated the informed consent form over the telephone

Name of interpreter:

Interpreter code:

Language:

**C. Patient/substitute decision-maker requests the following procedure(s)**

- Vaginal hysterectomy  
 Laparoscopic hysterectomy  
 Abdominal hysterectomy

**+/- additional procedure:**

- Removal of ovary      Side:  Left  Right  
 Removal of fallopian tube      Side:  Left  Right

**D. Risks specific to the patient in having a hysterectomy (vaginal/laparoscopic/abdominal)**

(Doctor/clinician to document additional risks not included in the patient information sheet):

- Vaginal Exam , Cancellation on day of surgery or Intra op
- Damage to bowel resulting in a Stoma (Poo bag )
- Damage to Bladder resulting in a 10 day catheter
- Damage to Ureter additional surgery to correct / Stenting
- Blood clot / haematoma / Infection , DVT / PE ,
- Vault dehiscence ( breakdown) with Sex
- Heart Attack , Stroke , Death , Return to Theatre

**E. Risks specific to the patient in *not* having a hysterectomy (vaginal/laparoscopic/abdominal)**

(Doctor/clinician to document specific risks in not having a hysterectomy [vaginal/laparoscopic/abdominal]):

- Continued symptoms , Anemia , Continued Iron Loss
- Undiagnosed pathology

**F. Alternative treatment options**

(Doctor/clinician to document alternative treatment not included in the patient information sheet):

Mirena , POP , Ablation , Do nothing

**G. Information for the doctor/clinician**

The information in this consent form is not intended to be a substitute for direct communication between the doctor/clinician and the patient/substitute decision-maker.

I have explained to the patient/substitute decision-maker the contents of this form and am of the opinion that the information has been understood.

Name of doctor/clinician:

Graeme Walker

Designation:

SMO / Cons

Signature:

Date:

**H. Patient/substitute decision-maker consent**

I acknowledge that the doctor/clinician has explained:

- the "Hysterectomy (vaginal/laparoscopic/abdominal)" patient information sheet
- the medical condition and proposed treatment, including the possibility of additional treatment
- the specific risks and benefits of the procedure
- the prognosis, and risks of not having the procedure
- alternative treatment options
- that there is no guarantee the procedure will improve the medical condition
- that the procedure may involve a blood transfusion
- that tissues/blood may be removed and used for diagnosis/management of the condition
- that if a life-threatening event occurs during surgery, I will be treated based on documented discussions (e.g. AHD or ARP [Acute Resuscitation Plan])
- that a doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate procedure; this may include a doctor/clinician undergoing further training under supervision
- that if the doctor/clinician wishes to record video, audio or images during the procedure where the recording is not required as part of the treatment (e.g. for training or research purposes), I will be asked to sign a separate consent form. If I choose not to consent, it will not adversely affect my access, outcome or rights to medical treatment in any way.

DO NOT WRITE IN THIS BINDING MARGIN

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HYSTERECTOMY (VAGINAL/LAPAROSCOPIC/ABDOMINAL) CONSENT



**Queensland  
Government**

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Laparoscopic/Abdominal) Consent**

**Child/Young Person**  
(under 18 years)       **Adult**  
(18 years and over)

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

I was able to ask questions and raise concerns with the doctor/clinician.

I understand I have the right to change my mind regarding consent at any time, including after signing this form (*this should be in consultation with the doctor/clinician*).

**I/substitute decision-maker have received the following consent and patient information sheet(s):**

- "Hysterectomy (vaginal/laparoscopic/abdominal)"
- "About your anaesthetic"
- "Blood and/or manufactured blood products transfusion"

On the basis of the above statements,

**1) I/substitute decision-maker consent to having a hysterectomy (vaginal/laparoscopic/abdominal).**

Name of patient/substitute decision-maker:

Signature:

Date:



**2) Student examination/procedure for professional training purposes:**

For the purpose of undertaking training, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to patient/substitute decision-maker consent, assist with/conduct an examination or procedure on a patient while the patient is under anaesthetic.

I/substitute decision-maker consent to a clinical student(s) undergoing training to:

- observe examination(s)/procedure(s)       Yes  No
- assist with examination(s)/procedure(s)       Yes  No
- conduct examination(s)/procedure(s)       Yes  No

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# Hysterectomy (vaginal/laparoscopic/abdominal)

Adult (18 years and over) | Informed consent: patient information

A copy of this form should be given to the patient/substitute decision-maker to read carefully and allow time to ask any questions about the procedure. The consent form and patient information sheet should be included in the patient's medical record.



## 1. What is a hysterectomy (vaginal/laparoscopic/abdominal) and how will it help me/the patient?

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

The most common reasons 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.

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.

There are three ways to remove the uterus, and in many procedures, instruments may need to be put into the vagina to manipulate/position the uterus. Very occasionally these instruments can cause minor trauma to the vagina, requiring repair.

- **Vaginal hysterectomy** – removal of the uterus through the vagina. The vagina is stitched from below and there is no cut in the abdomen
- **Abdominal hysterectomy** – removal of the uterus through a cut in the lower abdomen. The cut is about 15–30cm, depending on your size and weight and depends on the size of the uterus and ovaries. It is usually below the bikini line from side to side. It may be necessary to cut down the abdomen from the belly button down to the pubic area rather than across. The surgeon will discuss with you the best surgery for your condition
- **Laparoscopic hysterectomy** – about 4 small "keyhole" cuts are made in abdomen to divide the attachments of uterus, ovaries and tubes in pelvis. The uterus is usually removed through the vagina.

### Removal of ovaries

One or both ovaries may be removed at the time of hysterectomy. Removal of both ovaries from a premenopausal woman will cause menopause to occur.

### Removal of fallopian tubes

One or both fallopian tubes may be removed at the time of hysterectomy as it is thought that this may reduce the risk of ovarian cancer in the future.

After a hysterectomy you will not be able to have any children.

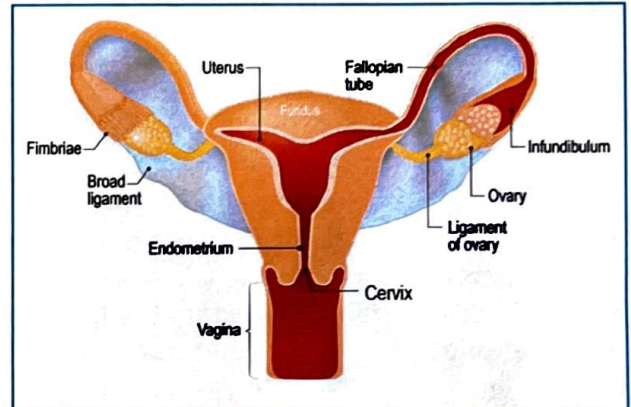


Image: Female reproductive organs.  
ID: 619588790. [www.shutterstock.com](http://www.shutterstock.com)



## 2. What are the risks?

There are risks and complications with this procedure. There may also be risks specific to each person's individual condition and circumstances. Please discuss these with the doctor/clinician and ensure they are written on the consent form before you sign it. Risks include but are not limited to the following:

### Common risks and complications

- pain in the abdomen and shoulders is common for the first few days. The pain in the shoulders occurs because of residual carbon dioxide gas in the abdomen used during laparoscopy. Pain relief may be required until it settles
- nausea and vomiting
- onset menopause in pre-menopausal women if both ovaries are removed
- infection may occur, especially in the operation site or pelvis or urinary tract, requiring antibiotics and further treatment
- bleeding may occur and may require a return to the operating room or a blood transfusion
- bleeding is more common if you have been taking blood thinning drugs, such as warfarin, aspirin, clopidogrel (Plavix, Iscover, Coplavix), prasugrel (Effient), dipyridamole (Persantin or Asasantin), ticagrelor (Brilinta), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/alternative medicines, such as fish oil or turmeric
- planned laparoscopic (keyhole) or vaginal procedure may need to be completed by laparotomy (open procedure)
- there is a possibility that the symptom(s)/ pain you have been experiencing and the reason for this operation, may not resolve or may worsen as a complication of the procedure
- it is possible that no cause will be found to explain your symptoms
- small areas of the lung may collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy
- increased risk of wound infection, chest infection, heart and lung complications, and blood clot in the leg or lungs for people who are obese and/or smokers.

### Uncommon risks and complications

- (*abdominal hysterectomy only*) poor wound healing
- (*abdominal hysterectomy only*) the wound scar may become thickened, red and painful
- (*vaginal hysterectomy only*) recurrence of prolapse, i.e. vaginal repair may not be successful, in the short or long term and may need corrective surgery
- (*vaginal hysterectomy only*) occurrence of pain during sexual intercourse or altered sexual function after vaginal repair
- adhesions (bands of scar tissue) may form and cause a bowel obstruction. This may be a short-term or a long-term complication and may need further surgery
- change in bladder and bowel habits
- blood clot in the leg causing pain and swelling. In rare cases, part of the clot may break off and go to the lungs
- a hernia (rupture) at one of the incision sites
- non-absorbable or slowly dissolving sutures eroding through or causing granulation tissue at a time distant to the procedure .

### Rare risks and complications

- injury to other organs such as the ureter(s) (tube leading from kidney to bladder), bladder, bowel or vagina may occur and may require further surgery
- bowel blockage after the operation
- very low possibility of a fistula (a connecting passage between one area and another) developing
- heart attack or stroke may occur due to the strain on the heart
- death as a result of this procedure is rare.

This procedure will require an anaesthetic.

For more information about the anaesthetic and the risks involved, please refer to the anaesthetic information sheet that has been provided to you. Discuss any concerns with the doctor/clinician.

If you have not been given an anaesthetic information sheet, please ask for one.

## What are the risks of not having a hysterectomy (vaginal/laparoscopic/abdominal)?

There may be health consequences if you choose not to have the proposed procedure. Please discuss these with the doctor/clinician.

If you choose not to have the procedure, you will not be required to sign a consent form.

If you have signed a consent form, you have the right to change your mind at any time prior to the procedure. Please contact the doctor/clinician to discuss.

### 3. Are there alternatives?

Making the decision to have a procedure requires the patient/substitute decision-maker/parent/legal guardian/other person\* to understand the options available. Please discuss any alternative treatment options with your doctor/clinician before signing the consent form.

### 4. What should I expect after the procedure?

Your healthcare team will talk to you about what to expect after your procedure and upon discharge from hospital.

### 5. Who will be performing the procedure?

A doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate procedure. This could be a doctor/clinician undergoing further training, all trainees are supervised according to relevant professional guidelines.

If you have any concerns about which doctor/clinician will be performing the procedure, please discuss with the doctor/clinician.

For the purpose of undertaking professional training in this teaching hospital, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to your consent, assist with/conduct an examination or procedure on a patient while the patient is under anaesthetic.

If you choose not to consent, it will not adversely affect your access, outcome or rights to medical treatment in any way. You are under no obligation to consent to an examination(s) or a procedure(s) being undertaken by a clinical student(s) for training purposes.

### 6. Where can I find support or more information?

Hospital care: before, during and after is available on the Queensland Health website [www.qld.gov.au/health/services/hospital-care/before-after](http://www.qld.gov.au/health/services/hospital-care/before-after) where you can read about your healthcare rights.

You can also see a list of blood thinning medications at [www.health.qld.gov.au/consent/bloodthinner](http://www.health.qld.gov.au/consent/bloodthinner).

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG): [www.ranzcog.edu.au](http://www.ranzcog.edu.au).

Staff are available to support patients' cultural and spiritual needs. If you would like cultural or spiritual support, please discuss with your doctor/clinician.

Queensland Health recognises that Aboriginal and Torres Strait Islander patients will experience the best clinical care when their culture is included during shared decision-making.

### 7. Questions

Please ask the doctor/clinician if you do not understand any aspect of this patient information sheet or if you have any questions about your/the patient's medical condition, treatment options and proposed procedure.

### 8. Contact us

**In an emergency, call Triple Zero (000).**

If it is not an emergency, but you have concerns, contact 13 HEALTH (13 43 25 84), 24 hours a day, 7 days a week.