Department of Obstetrics & Gynaecology - The University of Hong Kong

PREOPERATIVE INFORMATION SHEET FOR VAGINAL HYSTERECTOMY ± LAPAROSCOPIC ASSISTANCE

Clinical diagnosis: fibroid / DUB / _____

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

Nature of the procedure:

- general anaesthesia
- incision made around cervix vaginally, lower part of uterus freed
- upper pedicles freed
- uterus removed vaginally
- vaginal wound closed
- if difficulty encountered during hysterectomy, may need episiotomy or proceed to laparoscopy
- ovaries and tubes may be removed but not in case difficulty encountered
- all tissue removed will be sent to the Department of Pathology or disposed of as appropriate unless otherwise specified
- photographic and/or video images may be recorded during the operation for education//research purpose. Please inform our staff if you have any objection.
- similarities with abdominal hysterectomy
  same organ(s) removed
  same sequelae
- difference from abdominal hysterectomy
  no abdominal wounds if laparoscopic assistance not required
  less painful
  faster postoperative recovery
  earlier discharge
  shorter sick leave required

Benefits of the procedure: relieve symptom(s) / remove and confirm pathology / _____

Other consequences after the procedure:

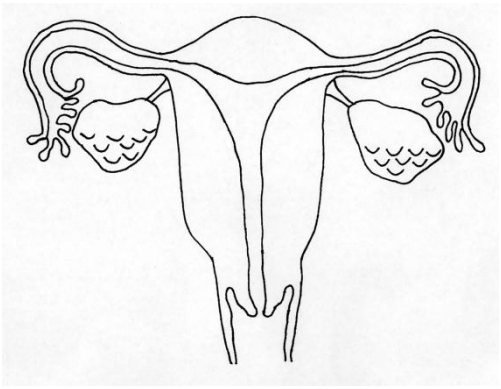
- no menstruation
- unable to get pregnant
- can have coitus
- should not affect hormonal status if ovaries are not removed
- ovarian failure may occur 2-4 years earlier than natural menopause
- climacteric symptoms if ovaries are removed in a pre-menopausal woman

Risks and complications may include, but are not limited to the following:

- 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.
- Anaesthetic complications
- Similar complications as abdominal hysterectomy
- Serious
  bleeding, may need blood transfusion
  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
  return to theatre because of complications like bleeding, wound dehiscence
  pelvic haematoma
  pelvic abscess, infection
  deep vein thrombosis and pulmonary embolism
  risk of death
  vault prolapse
- Frequent
  febrile morbidity
  frequency of micturition, dysuria and urinary tract infection

vaginal bleeding
ovarian failure
internal scarring with adhesions
postoperative difficulty and/or pain with intercourse

Risks of not having the procedure:
- progression and deterioration of disease condition
- exact diagnosis cannot be ascertained



Possible alternatives
- Observation
- Non-surgical treatment e.g. medical treatment, LNG-IUS (Mirena)
- Open/laparoscopic approach
- endometrial ablation / resection(for DUB)
- myomectomy(for uterine fibroid)
- uterine artery embolisation
- others _____

Other associated procedures (which may become necessary during the procedure):
- blood transfusion
- laparoscopy or laparotomy (less than 5 in every 100) due to operative difficulty, complication or other pathology identified
- procedure for unsuspected ovarian disease: leave alone / cystectomy / salpingo-oophorectomy
- removal of tubes and ovaries (prophylactic or when affected)
  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
  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

Special follow-up issue: avoid intercourse until examination by doctor at follow up

Statement of patient: procedure(s) which should not be carried out without further discussion

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I acknowledge that the above information concerning my operation/procedure have been explained to me and discussed with me by the medical staff and I fully understand them. I have been given the opportunities to ask questions pertinent to my condition and management and satisfactory answers have been provided by medical staff.

Signature _____

Date _____