Department of Obstetrics & Gynaecology - The University of Hong Kong

PREOPERATIVE INFORMATION SHEET FOR TOTAL ABDOMINAL HYSTERECTOMY ± BILATERAL SALPINGO-OOPHORECTOMY

Clinical diagnosis: fibroid / DUB / endometrial hyperplasia /_____

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

Nature of procedure:

- general anaesthesia
- peritoneal cavity entered
- uterus removed
- ovaries and tubes may be removed
- vaginal and abdominal wounds closed
- 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.

Benefits of intended procedure: relief of 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 may occur if ovaries are removed in a pre-menopausal woman

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

- 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
- Serious
  - the overall risk of serious complications from abdominal hysterectomy is approximately 4 in every 100 (common)
  - damage to bladder and/or the ureter (7 in every 1000) and/or long-term disturbance to the bladder function (uncommon)
  - damage to the bowel: 4 in every 10 000 (rare)
  - haemorrhage requiring blood transfusion, 23 in every 1000 (common)
  - return to theatre because of complications like bleeding, wound dehiscence: 7 in every 1000 (uncommon)
  - pelvic haematoma
  - pelvic abscess/infection: 2 in every 1000 (uncommon)
  - deep vein thrombosis and pulmonary embolism, 4 in every 1000 (uncommon)
  - risk of death within 6 weeks, 32 in every 100 000 (rare)
  - wound hernia
  - vault prolapse 18 in every 1000 (uncommon)
- Frequent
  - fever
  - frequency of micturition, dysuria and urinary tract infection
  - wound infection, pain, bruising, delayed wound healing or keloid formation
  - numbness, tingling or burning sensation around the scar
  - ovarian failure
  - internal scarring with adhesions

Risks of not having the procedure:

- progression and deterioration of disease condition
- exact diagnosis cannot be ascertained

Possible alternatives:

- observation
- non-surgical treatment eg. medical treatment, LNG-IUS (Mirena)
- myomectomy (for uterine fibroid)
- endometrial ablation / resection (for DUB)
- vaginal/laparoscopic approach
- uterine artery embolisation
- others _____

Other associated procedures (which may become necessary during the operation):

- blood transfusion
- repair to bladder, bowel or major blood vessel
- procedure for unsuspected ovarian disease: leave alone / cystectomy / oophorectomy
- removal of tubes and ovaries (prophylactic or when affected)
  if removed – may need hormonal therapy; note the risk of hormonal therapy including increased risk of 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(common) chance 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 _____