

Hysterectomy Consent Form

1. This form is called an “informed consent form.” Its purpose is to inform me about the hysterectomy procedure.
2. The following operation(s) will be performed on me:
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3. I was told that hysterectomy means removal of the uterus (womb) either through an incision in the lower abdomen and/or through the vagina. Sometimes additional surgery may be indicated to remove or repair other organs such as the ovaries, tubes, appendix, bladder, rectum, and vagina.
4. I was told that the hysterectomy procedure is considered irreversible and that, unless I am already sterile or postmenopausal, it will result in permanent infertility.
5. I have been told that this procedure may subject me to a variety of discomforts, risks and complications. These include nausea, vomiting, pain, bleeding, infection, poor healing, hernia, or formation of adhesions. Unexpected reaction may occur from any drug or anesthetic given. Unintended injury may occur to other pelvic or abdominal structures such as the tubes, ovaries, bladder, ureter (tube from kidney to bladder), or bowel. Nerves going from the pelvis to the legs may be injured. Any such injury may require immediate or later additional surgery to correct the problem. Dangerous blood clots may form in the legs or lungs. Physical and sexual activity will be restricted during the recovery period. Finally, I understand that it is impossible to list every possible undesirable effect and that the condition for which surgery is done is not always cured or significantly improved, and in rare cases may even worsen.
6. I have been told that I can expect the following benefits from the proposed operation(s), but that no results can be guaranteed:
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7. I have been told that the following are alternatives to hysterectomy, and those that are checked may apply to me:
- Leave the problem untreated and accept the natural course of the condition.
 - Attempt to control some problems with hormones or other medications.
 - Attempt to control some problems with uterine artery embolization.
 - Remove just the diseased or abnormal tissue and repair the remainder.
 - Use mechanical devices for pelvic support.
 - Other: _____
8. I have the right to consult a second physician before having the hysterectomy
9. I have the right to withdraw my consent to the hysterectomy at any time before it is performed. My withdrawal of consent shall not affect my right to future care or treatment or result in the loss or withdrawal of any state or federally funded program benefits to which I might otherwise be entitled.
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10. I have been told the following:
- a. The approximate length of the hospital stay: _____
 - b. The approximate length of time for recovery: _____
 - c. The approximate cost to me of the surgeon's fee: _____
11. I have been told that pain during the procedure will be controlled by the use of regional or general anesthesia. I understand that the anesthesia is not under the control of my surgeon. I will discuss with my anesthesiologist the risks and benefits of the specific anesthesia I choose.
12. Upon my authorization and consent, the hysterectomy and any additional proposed procedures will be performed by Dr._____. My surgeon may work with his or her associate(s) and any other members of medical staff at _____ Hospital. These physicians, including the anesthesiologists, are not employees or agents of the hospital. They are independent medical practitioners
13. I acknowledge that my surgeon has described this procedure to me in terms which I understand and has answered all questions to my satisfaction.

Patient Signature: _____ Date: _____

Witness: _____

Interpreter: (Print Name) _____

Signature: _____ Language: _____

PHYSICIAN CERTIFICATION

I certify that I have discussed the hysterectomy and any additional proposed procedure(s) with this patient. I have described the risks, benefits, and alternatives to the procedure, and I have answered all of her questions.

Physician Signature: _____ Date: _____

