Patient information and consent to total abdominal hysterectomy, bilateral salpingectomy with ovarian conservation or bilateral oophorectomy

Key messages for patients

- Please read your admission letter carefully. It is important to follow the instructions we give you about not eating or drinking or we may have to postpone or cancel your operation.

- Please read this information carefully, you and your health professional will sign it to document your consent.

- It is important that you bring the consent form with you when you are admitted for surgery. You will have an opportunity to ask any questions from the surgeon or anaesthetist when you are admitted. You may sign the consent form either before you come or when you are admitted.

- Please bring with you all of your medications and its packaging (including inhalers, injections, creams, eye drops, patches, insulin and herbal remedies), a current repeat prescription from your GP, any cards about your treatment and any information that you have been given relevant to your care in hospital, such as x-rays or test results.

- Simple painkillers such as paracetamol and ibuprofen may be required after surgery. Simple bowel medication such as senna and lactulose may be required after surgery. It is suggested that you discuss with your pharmacist and have a seven day supply of these medications at home to take as you need according to the instructions.

- Take your medications as normal on the day of the procedure unless you have been specifically told not to take a drug or drugs before or on the day by a member of your medical team. If you have diabetes please ask for specific individual advice to be given on your medication at your pre-operative assessment appointment.

- If you have any questions or concerns about this procedure or your appointment, please call the Gynaecology Specialist Nurse for your consultant on telephone number 01223 245151 and ask for their bleep number: reproductive medicine specialist nurse: 152 778 or urogynaecology specialist nurse: 157 952.

After the procedure we will scan the consent form into your electronic medical notes and you may take this information leaflet home with you.

Important things you need to know

Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent and the procedure has started (as long as it is safe and practical to do so).
If you are having an anaesthetic you will have the opportunity to discuss this with the anaesthetist, unless the urgency of your treatment prevents this.

We will also only carry out the procedure on your consent form unless, in the opinion of the health professional responsible for your care, a further procedure is needed in order to save your life or prevent serious harm to your health. However, there may be procedures you do not wish us to carry out and these can be recorded on the consent form.

We are unable to guarantee that a particular person will perform the procedure. However the person undertaking the procedure will have the relevant experience.

All information we hold about you is stored according to the Data Protection Act 1998.

**About total abdominal hysterectomy, bilateral salpingectomy with ovarian conservation or bilateral oophorectomy**

The aim is to remove the uterus (womb), cervix (neck of the womb) and fallopian tubes through a 10 cm incision in your lower abdomen. This operation is to stop menstruation (periods). It may also improve any pressure symptoms you may have in addition to possibly relieving the symptoms caused by endometriosis if you have the condition. A hysterectomy will leave you infertile (unable to carry a baby) and potentially may affect you emotionally. Occasionally there are technical difficulties which may mean we are unable to remove the cervix (Sub-total hysterectomy).

**Additional procedure:** Bilateral oophorectomy (removal of both ovaries) if damaged or diseased. If you have not already done so this will cause you to have an early menopause (change of life). The implications of this will be discussed with you by your team and the possibility of prescribing you hormone replacement therapy (HRT).

**Intended benefits**

- Total Abdominal Hysterectomy with bilateral salpingectomy: We aim to remove the uterus, cervix and both fallopian tubes to stop menstruation.
- Total Abdominal Hysterectomy and Bilateral Salpingo-Oophorectomy: We aim to remove the uterus, cervix, both ovaries and fallopian tubes. This is to stop menstruation and any hormonal activity.
- This operation is sometimes used to treat chronic pelvic pain however the benefit of this is uncertain and this will be discussed with you.
- There may be an improvement in any pressure symptoms you may be having.
- There may be an improvement in sexual function.
Who will perform my procedure?

This procedure will be performed by a consultant gynaecologist or trainee working under supervision.

Preparing for your surgery

- You should maintain a sensible diet. Daily exercise in the run up to the operation will improve your recovery. A 30 minute brisk walk, three to four times a week should be sufficient. Swimming is a good alternative. Avoid alcohol and cigarettes in the month before the operation.
- Discuss the operation with your General Practitioner and get him/her to review your medications. Medications such as low dose aspirin, non-steroidal anti-inflammatories (such as ibuprofen (Nurofen) or diclofenac (Voltarol)) need to be stopped at least seven days before the operation.
- Blood thinning medications such as warfarin need to be converted to an alternative drug before the operation.
- If you are on high blood pressure medication you should arrange to have your blood pressure checked by your GP.
- If you have any symptoms of a cold or flu in the days leading up to the operation you must let your surgeon know as this may necessitate the cancellation of your operation. It can be dangerous to undergo surgery if you have any sort of infection.
- In the two days before the operation take plenty of fluids. Ensure that you drink at least 1.5 to 2 litres of fluid in the two days before the operation as it is important to avoid dehydration.

Before your procedure

Most patients attend a pre-admission clinic, when you will meet the pre-admission nurses and usually one of the consultants or senior member of the team. At this clinic, we will ask for details of your medical history and carry out any necessary clinical examinations and investigations. Please ask us any questions about the procedure, and feel free to discuss any concerns you might have at any time.

We will ask if you take any tablets or use any other types of medication either prescribed by a doctor or bought over the counter in a pharmacy. Please bring all your medications and any packaging (if available) with you. Please tell the ward staff about all of the medicines you use. If you wish to take your medication yourself (self- medicate), please ask your nurse. Pharmacists visit the wards regularly and can help with any medicine queries. When you are on the ward your nurse will complete a Self-Administration of Medication (SAM) form in your electronic notes. If you are taking any HRT or tamoxifen we will ask you to stop this approximately two weeks prior to surgery, if appropriate.

This procedure involves the use of general anaesthesia. We explain about the different types of anaesthesia or sedation we may use at the end of this leaflet. In addition, we may use local anaesthetic to reduce your post-operative discomfort. You will see an anaesthetist before your procedure. You will see an anaesthetist before your procedure.
Most people who have this type of procedure will need to stay in hospital for at least a day but sometimes up to three days. Your doctor will discuss the length of stay with you.

If you are not diabetic, you will be provided with nutritional carbohydrate drinks in the pre-admission clinic. These nutritional drinks are to be drunk in the 24 hours leading up to your surgery. These drinks help your wounds heal faster, reduce the risk of infection and help your recovery overall.

Hair removal before an operation
For most operations, you do not need to have the hair around the site of the operation removed. However, sometimes the healthcare team need to see or reach your skin and if this is necessary they will use an electric hair clipper with a single-use disposable head, on the day of the surgery. Please do not shave the hair yourself or use a razor to remove hair, as this can increase the risk of infection. Your healthcare team will be happy to discuss this with you.

During total hysterectomy, bilateral salpingectomy with ovarian conservation or bilateral oophorectomy

- Before your procedure, you will be given the necessary anaesthetic - see below for details of this.
- There will be a single cut about 10cms in length made in the lower part of your abdomen (tummy). Through this the surgeon will remove your uterus, fallopian tubes and possibly your ovaries.
- A catheter (tube) will be placed in your bladder during the operation to allow accurate measurement of the urine that you produce during and/or after the surgery. This will be left in overnight and removed the next day
- Dissolvable stitches or staples are used to close the skin wound at the end of the operation; if staples are used, these may be removed seven to eight days after your operation.

During surgery, you may lose blood. If you lose a considerable amount of blood your doctor may want to replace the loss with a blood transfusion as significant blood loss can cause you harm. The blood transfusion can involve giving you other blood components such as plasma and platelets which are necessary for blood clotting. Your doctor will only give you a transfusion of blood or blood components during surgery, or recommend for you to have a transfusion after surgery, if you need it.

Compared to other everyday risks the likelihood of getting a serious side effect from a transfusion of blood or blood component is very low. Your doctor can explain to you the benefits and risks from a blood transfusion. Your doctor can also give you information about whether there are suitable alternatives to blood transfusion for your treatment. There is a patient information leaflet for blood transfusion available for you to read.
After the procedure

Once your surgery is completed you will usually be transferred to the recovery ward where you will be looked after by specially trained nurses, under the direction of your anaesthetist. The nurses will monitor you closely until the effects of any general anaesthetic have adequately worn off and you are conscious. They will monitor your heart rate, blood pressure, oxygen levels and monitor you for any vaginal bleeding you may have. You may be given oxygen via a facemask, fluids via your drip and appropriate pain relief until you are comfortable enough to return to your ward.

After certain major operations you may be transferred to the intensive care unit (ICU/ITU), high dependency unit (HDU), intermediate dependency area (IDA) or fast track/overnight intensive recovery (OIR). These are areas where you will be monitored much more closely because of the nature of your operation or because of certain pre-existing health problems that you may have. If your surgeon or anaesthetist believes you should go to one of these areas after your operation, they will tell you and explain to you what you should expect. This generally is not required for this procedure.

If there is not a bed in the necessary unit on the day of your operation, your operation may be postponed as it is important that you have the correct level of care after major surgery.

**Eating and drinking.** After this procedure, you will be able to drink fluids when you are ready. You can start eating after about 12 hours of surgery.

**Getting about immediately after the procedure.** We will help you to become mobile as soon as possible after the procedure. This helps improve your recovery and reduces the risk of certain complications. If you have any mobility problems, we can arrange nursing or physiotherapy help.

**Leaving hospital.** Generally most people who have had this operation will be able to leave hospital the following day but sometimes up to three days after surgery. However, the actual time that you stay in hospital will depend on your general health, how quickly you are recovering from the procedure and your doctor’s opinion.

**Resuming normal activities including work.** Usually you can resume normal activities including beginning gentle work within two weeks after your operation. Often you will want to wait a little longer before resuming more vigorous activity. If you have a physical job or are on your feet for long periods of time you will need a “Fitness for work” certificate which we can give to you before you leave the ward. Generally this is for six weeks but you may require twelve weeks off. If you have not told your employer the reason for your absence and you do not wish for them to know we will respect your confidentiality and will discuss with you what you wish writing on the certificate.
You are advised not to drive for four weeks but you must check with your insurance company.

**Special measures after the procedure:**

- **Vaginal bleeding:** You may have some vaginal bleeding for one to two weeks following the procedure; we advise you to use sanitary towels and not tampons, and to avoid sexual intercourse or swimming until the bleeding has stopped. This is to help prevent any infection. The bleeding may be like a heavy period for the first day or so but this will lessen over time and you may even have a brown discharge before it stops completely. You may have a ‘gush’ of blood at approximately ten days after the procedure; this is not uncommon and is part of the natural healing process. Should this bleeding not settle within a day or so then please see your GP.

- Should you have concerns that your bleeding is not settling or you have a fever and ‘flu-like’ symptoms then contact your GP or contact us on the numbers below.

- **Wound care:** The nurses looking after you will have removed any dressing you may have covering your wound before you are discharged and given you some basic advise. You are advised to keep your wound clean and dry, using a clean towel/face flannel to pat it dry following your shower. If you do bath we again emphasise that you are not to have a long soak at may cause possible infection and to have a shallow bath that is below the wound.

If the area around your wound becomes red, hot to touch or more painful than before this may be an indication of infection and we suggest you see your GP or contact the Emergency Gynaecology Unit (Clinic 24) or Daphne ward on the numbers listed below.

- **Pain:** You may have period-like pains for a few days, this is normal. Simple painkillers that you can buy over the counter such as paracetamol and ibuprofen should help this. Commonly following hysterectomy women can have ‘wind’ pain which is painful both in the abdomen and the shoulders. We recommend you mobilise and drink peppermint tea and some carbonated drinks in addition to your other pain relief as these can be measures that help to relieve this problem.

- **Bowels:** We recommend you drink plenty of fluids and eat lots of fresh fruit and vegetables to ensure you do not become constipated following the surgery. If your procedure has been performed by the urogynaecology team you will have been discharged with laxatives that we recommend you take as directed.

- **HRT:** For some conditions and if you have had your ovaries removed you may have been given some HRT to help ease the menopausal consequences of the surgery.
This should be taken as directed. You will need to make an appointment with you GP to discuss the continuation of this.

- **Sexual Intercourse:** We recommend you wait for four to six weeks before you have any penetrative sexual intercourse; this is to ensure you have healed internally. You may find your vagina is drier than before the surgery and you may find the use of a vaginal lubricant beneficial; this can be purchased from most supermarkets or pharmacies.

**Check-ups and results:** You will be given information about the results of your surgery after the operation. Usually a letter will be sent with the results as soon as these are available. The follow-up is tailored to your requirements, and a clinic appointment will be sent if appropriate. A clinic visit is usually not booked for routine follow-up after surgery however we may arrange a telephone clinic follow-up for you. However, should you feel the need to talk to the surgeons or other staff, please do not hesitate in contacting them.

**Significant, unavoidable or frequently occurring risks of this procedure**

If you have a pre-existing medical condition, are obese, have significant pathology or have had previous surgery the quoted risks for serious or frequent complications will be increased.

The table below is designed to help you understand the risks associated with this type of surgery (based on the Royal College of Obstetricians and Gynaecologists (2015): Clinical Governance Advice, Presenting Information on Risk).

<table>
<thead>
<tr>
<th>Term</th>
<th>Equivalent numerical ratio</th>
<th>Colloquial equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very common</td>
<td>1/1 to 1/10</td>
<td>A person in family</td>
</tr>
<tr>
<td>Common</td>
<td>1/10 to 1/100</td>
<td>A person in street</td>
</tr>
<tr>
<td>Uncommon</td>
<td>1/100 to 1/1000</td>
<td>A person in village</td>
</tr>
<tr>
<td>Rare</td>
<td>1/1000 to 1/10 000</td>
<td>A person in small town</td>
</tr>
<tr>
<td>Very rare</td>
<td>Less than 1/10 000</td>
<td>A person in large town</td>
</tr>
</tbody>
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**Serious risks**

Serious risks include:

- The overall risk of serious complications from abdominal hysterectomy is approximately 4 women in every 100 (common).
- Damage to the bladder and/or the ureters (seven women in every 1000) and/or long-term disturbance to the bladder function (uncommon).
- Damage to the bowel: 4 women in every 10 000 (rare).
- Haemorrhage requiring blood transfusion, 23 women in every 1000 (common).
Return to theatre because of bleeding/wound dehiscence (break down): 7 women in every 1000 (uncommon)

Pelvic abscess/infection: 2 women in every 1000 (uncommon)

Venous thrombosis or pulmonary embolism, 4 women in every 1000 (uncommon)

Risk of death within 6 weeks, 32 women in every 100 000 (rare). The main causes of death are pulmonary embolism (blood clot in the lungs) and cardiac disease.

**Frequent risks**

Frequent risks include:

- Wound infection, pain, bruising, delayed wound healing or keloid scar (lumpy) formation
- Numbness, tingling or burning sensation around the scar this is usually self-limiting but it could take weeks or months to resolve
- Frequency of micturition (urinating) and urinary tract infection
- Ovarian failure (early menopause)

Any extra procedures which may become necessary during the procedure

- Blood transfusion
- Repair to bladder, bowel or major blood vessel
- Oophorectomy (removal of the ovaries) for unsuspected disease

**Incidental risk**

Sexual function may be affected by your surgery. Your consultant will discuss this with you prior to the procedure.

**Alternative procedures that are available**

- An alternative to this surgery is to decide not to have surgery and the implications of deciding this will be discussed with you.
- Medical and other treatments will have been discussed with you if appropriate. This may be in the copy of the letter from your previous outpatient appointment when you had discussions with your team.
Information and support
You might be given some additional patient information before or after the procedure, for example leaflets that explain what to do after the procedure and what problems to look out for. If you have any questions or anxieties, please feel free to ask a member of staff.

- **Pre Admissions Sisters**
  Monday to Friday 07:00 to 14:30 hours
  Telephone 01223 586847 (internal ext 586847)
  E-mail: preadmission.nurses@addenbrookes.nhs.uk
  The Pre Admission Sisters will be available in the office between 07:00 to 09:00 hours. Otherwise please leave a message on the answer machine and your call will be returned.

- **Reproductive Medicine Specialist Nurse**
  Monday – Thursday 08.00 – 16.00
  Telephone 01223 245151 and ask for bleep 152 778

- **Urogynaecology Specialist Nurse**
  Monday – Friday 08.00 – 16.00
  Telephone 01223 245151 and ask for bleep 157 952

- **Daphne ward - Inpatient Gynaecology Ward**
  Telephone 01223 257206 at any time

- **Clinic 24 – Emergency Gynaecology Unit**
  Monday to Friday 08.00 to 20.30,
  Weekends 08.30 to 14.00,
  Closed Bank Holidays
  Telephone 01223 217636

Additional information is available from:


**Anaesthesia**
Anaesthesia means ‘loss of sensation’. There are three types of anaesthesia: general, regional and local. **The type of anaesthesia chosen by your anaesthetist depends on the nature of your surgery as well as your health and fitness.** Sometimes different types of anaesthesia are used together.
Before your operation
Before your operation you will meet an anaesthetist who will discuss with you the most appropriate type of anaesthetic for your operation, and pain relief after your surgery. To inform this decision, he/she will need to know about:

- your general health, including previous and current health problems
- whether you or anyone in your family has had problems with anaesthetics
- any medicines or drugs you use
- whether you smoke
- whether you have had any abnormal reactions to any drugs or have any other allergies
- your teeth, whether you wear dentures, or have caps or crowns.

Your anaesthetist may need to listen to your heart and lungs, ask you to open your mouth and move your neck and will review your test results.

Pre-medication (premd)
You may be prescribed a ‘premed’ prior to your operation. This is a drug or combination of drugs which may be used to make you sleepy and relaxed before surgery, provide pain relief, reduce the risk of you being sick, or have effects specific for the procedure that you are going to have or for any medical conditions that you may have. Not all patients will be given a premed or will require one and the anaesthetist will often use drugs in the operating theatre to produce the same effects.

Moving to the operating room or theatre
You will usually change into a gown before your operation and we will take you to the operating suite. When you arrive in the theatre or anaesthetic room and before starting your anaesthesia, the medical team will perform a check of your name, personal details and confirm the operation you are expecting.

Once that is complete, monitoring devices may be attached to you, such as a blood pressure cuff, heart monitor (ECG) and a monitor to check your oxygen levels (a pulse oximeter). An intravenous line (drip) may be inserted. If a regional anaesthetic is going to be performed, this may be performed at this stage. If you are to have a general anaesthetic, you may be asked to breathe oxygen through a face mask.

General anaesthesia
During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of your operation. Your anaesthetist achieves this by giving you a combination of drugs.

While you are unconscious and unaware your anaesthetist remains with you at all times. He or she monitors your condition and administers the right amount of anaesthetic drugs to maintain you at the correct level of unconsciousness for the period of the surgery.
Your anaesthetist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. He or she will also constantly watch your need for fluid or blood replacement.

**Regional anaesthesia**

Regional anaesthesia includes epidurals, spinals, caudals or local anaesthetic blocks of the nerves to the limbs or other areas of the body. Local anaesthetic is injected near to nerves, numbing the relevant area and possibly making the affected part of the body difficult or impossible to move for a period of time. Regional anaesthesia may be performed as the sole anaesthetic for your operation, with or without sedation, or with a general anaesthetic. Regional anaesthesia may also be used to provide pain relief after your surgery for hours or even days. Your anaesthetist will discuss the procedure, benefits and risks with you and, if you are to have a general anaesthetic as well, whether the regional anaesthesia will be performed before you are given the general anaesthetic.

**Local anaesthesia**

In local anaesthesia the local anaesthetic drug is injected into the skin and tissues at the site of the operation. The area of numbness will be restricted. Some sensation of pressure may be present, but there should be no pain. Local anaesthesia is used for minor operations such as stitching a cut, but may also be injected around the surgical site to help with pain relief. Usually a local anaesthetic will be given by the doctor doing the operation.

**What will I feel like afterwards?**

How you will feel will depend on the type of anaesthetic and operation you have had, how much pain relieving medicine you need and your general health.

Most people will feel fine after their operation. Some people may feel dizzy, sick or have general aches and pains. Others may experience some blurred vision, drowsiness, a sore throat, headache or breathing difficulties.

You may have fewer of these effects after local or regional anaesthesia although when the effects of the anaesthesia wear off you may need pain relieving medicines.

**What are the risks of anaesthesia?**

In modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. The risk to you as an individual will depend on whether you have any other illness, personal factors (such as smoking or being overweight) or surgery which is complicated, long or performed in an emergency.
Very common (1 in 10 people) and common side effects (1 in 100 people)
Feeling sick and vomiting after surgery
Sore throat
Dizziness, blurred vision
Headache
Bladder problems
Damage to lips or tongue (usually minor)
Itching
Aches, pains and backache
Pain during injection of drugs
Bruising and soreness
Confusion or memory loss

Uncommon side effects and complications (1 in 1000 people)
Chest infection
Muscle pains
Slow breathing (depressed respiration)
Damage to teeth
An existing medical condition getting worse
Awareness (becoming conscious during your operation)

Rare (1 in 10,000 people) and very rare (1 in 100,000 people) complications
Damage to the eyes
Heart attack or stroke
Serious allergy to drugs
Nerve damage
Death
Equipment failure

Deaths caused by anaesthesia are very rare. There are probably about five deaths for every million anaesthetics in the UK.

For more information about anaesthesia, please visit the Royal College of Anaesthetists’ website: www.rcoa.ac.uk
Information about important questions on the consent form

1 Creutzfeldt Jakob Disease (‘CJD’)

We must take special measures with hospital instruments if there is a possibility you have been at risk of CJD or variant CJD disease. We therefore ask all patients undergoing any surgical procedure if they have been told that they are at increased risk of either of these forms of CJD. This helps prevent the spread of CJD to the wider public. A positive answer will not stop your procedure taking place, but enables us to plan your operation to minimise any risk of transmission to other patients.

2 Photography, Audio or Visual Recordings

As a leading teaching hospital we take great pride in our research and staff training. We ask for your permission to use images and recordings for your diagnosis and treatment; they will form part of your medical record. We also ask for your permission to use these images for audit and in training medical and other healthcare staff and UK medical students; you do not have to agree and if you prefer not to, this will not affect the care and treatment we provide. We will ask for your separate written permission to use any images or recordings in publications or research.

3 Students in training

Training doctors and other health professionals is essential to the NHS. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a registered professional. You may, however, prefer not to take part in the formal training of medical and other students without this affecting your care and treatment.

4 Use of Tissue

As a leading biomedical research centre and teaching hospital, we may be able to use tissue not needed for your treatment or diagnosis to carry out research, for quality control or to train medical staff for the future. Any such research, or storage or disposal of tissue, will be carried out in accordance with ethical, legal and professional standards. In order to carry out such research we need your consent. Any research will only be carried out if it has received ethical approval from a Research Ethics Committee. You do not have to agree and if you prefer not to, this will not in any way affect the care and treatment we provide. The leaflet ‘Donating tissue or cells for research’ gives more detailed information. Please ask for a copy.

If you wish to withdraw your consent on the use of tissue (including blood) for research, please contact our Patient Advice and Liaison Service (PALS), on 01223 216756.
Privacy & dignity

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history

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Version number/Ref: V6/CF254/4151
Total Abdominal Hysterectomy, bilateral salpingectomy with ovarian conservation or bilateral oophorectomy

Consultant or other health professional responsible for your care

Name and job title: .................................................................

☐ Any special needs of the patient (e.g. help with communication)? .................................................................

Please use ‘Procedure completed’ stamp here on completion:

B Statement of health professional (details of treatment, risks and benefits)

1 I confirm I am a health professional with an appropriate knowledge of the proposed procedure, as specified in the hospital’s consent policy. I have explained the procedure to the patient. In particular, I have explained:

a) the intended benefits of the procedure (please state)

- Stop menstruation Any hormonal activity

- Improvement in any pressure symptoms and sexual function.

- Treat chronic pelvic pain however the benefit of this is uncertain

b) the possible risks involved. Addenbrooke’s always ensures any risks are minimised. However all procedures carry some risk and I have set out below any significant, unavoidable or frequently occurring risks including those specific to the patient

The overall risk 4 in 100. Damage to the bladder and/or ureters 7:1000 and/or long-term disturbance of bladder function. Damage to the bowel: 4:10 000. Haemorrhage requiring blood transfusion, 23:1000. Return to theatre because of bleeding/wound dehiscence 7:1000. Pelvic abscess/infection: 2:1000. Venous thrombosis or pulmonary embolism: 4:1000. Risk of death within six weeks, 32:100 000. Wound infection, pain, bruising, delayed wound healing or keloid scar formation Numbness, tingling or burning sensation around the scar.


c) what the treatment or procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient:
Consent Form

Total Abdominal Hysterectomy, bilateral salpingectomy with ovarian conservation or bilateral oophorectomy

d) any extra procedures that might become necessary during the procedure such as:
☐ Blood transfusion   ☐ Other procedure (please state)

2 The following information leaflet has been provided:
Total Abdominal Hysterectomy, bilateral salpingectomy with ovarian conservation or bilateral oophorectomy. V6 CF 254

Version, reference and date: Version 6, CF254, December 2017
or ☐ I have offered the patient information about the procedure but this has been declined.

3 This procedure will involve:
☐ General and/or regional anaesthesia   ☐ Local anaesthesia   ☐ Sedation   ☐ None

Signed (Health professional): ________________________________ Date: D D / M M / Y Y Y Y

Name (PRINT): ________________________________ Time (24hr): H H : M M

Designation: ________________________________ Contact/bleep no: ________________________________

C Consent of patient / person with parental responsibility

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.

Important: please read the patient information about this procedure and then put a tick in the relevant boxes for the following questions:

1 Creutzfeldt Jakob disease (CJD)
Have you ever been notified that you are at risk of CJD or variant CJD for public health purposes? If yes, please inform your health professional. ☐ Yes ☐ No

2 Photography, Audio or Visual Recording
a) I agree to the use of any of the above type of recordings for the purpose of diagnosis and treatment. ☐ Yes ☐ No

b) I agree to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting. ☐ Yes ☐ No

3 Students in training
I agree to the involvement of medical and other students as part of their formal training. ☐ Yes ☐ No
Use of Tissue

4 a) I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used and stored for ethically approved research which may include ethically approved genetic research.

☐ Yes  ☐ No

4 b) Where additional clinical information is needed for the purposes of ethically approved research, I agree that relevant sections of my medical record may be looked at by researchers or by relevant regulatory authorities. I give permission for these individuals to have access to my records.

☐ Yes  ☐ No

I have listed below any procedures that I do not wish to be carried out without further discussion.

I have read and understood the Patient Information about this procedure and the above additional information. I agree to the procedure or treatment.

Signed (Patient): .......................................................... Date: D.D./M.M./Y.Y.Y.Y.

Name of patient (PRINT): ..........................................................

If signing for a child or young person; delete if not applicable.

I confirm I am a person with parental responsibility for the patient named on this form.

Signed: .................................................................................. Date: D.D./M.M./Y.Y.Y.Y.

Relationship to patient: ..........................................................

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.

Signed (Witness): ..................................................................... Date: D.D./M.M./Y.Y.Y.Y.

Name of witness (PRINT): ..........................................................

Address: ..................................................................................
Total Abdominal Hysterectomy, bilateral salpingectomy with ovarian conservation or bilateral oophorectomy

Confirmation of consent (where the treatment/procedure has been discussed in advance)
On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

Signed (Health professional): .................................................. Date: ......D.....M.....Y.....Y.....

Name (PRINT): ........................................................................ Job title: .................................................................

Please initial to confirm all sections have been completed:

Interpreter's statement (if appropriate)
I have interpreted the information to the best of my ability, and in a way in which I believe the patient can understand:

Signed (Interpreter): .............................................................. Date: ......D.....M.....Y.....Y.....

Name (PRINT): ........................................................................

Or, please note the language line reference ID number:

Withdrawal of patient consent
☐ The patient has withdrawn consent (ask patient to sign and date here)

Signed (Patient): ................................................................. Date: ......D.....M.....Y.....Y.....

Signed (Health professional): ................................................. Date: ......D.....M.....Y.....Y.....

Name (PRINT): ........................................................................ Job title: .................................................................