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CONSENT FORM FOR LAVH
(*LAPAROSCOPIC ASSISTED VAGINAL HYSTERECTOMY*)

I am consenting to have Dr. Heidtke perform a **hysterectomy**, which means **removing my uterus and cervix**. She will **not remove** my tubes and ovaries unless specified below.

- remove right ovary and tube
 remove left ovary and tube
 remove both ovaries and tubes

The technique will use a laparoscope, and be completed through an incision at the top of the vagina. There will be 3 or 4 punctures through the abdominal wall, 1/4 to 1/2 inch diameter.

I will be in the hospital for 24 to 48 hours afterwards. It will take 4 to 6 weeks for complete recovery. I will go home from the hospital with oral pain medications if needed.

If my ovaries are being removed, and I am still menstruating now, I will go into menopause quickly. I have discussed the pros and cons of taking hormone replacement with Dr. Heidtke

After the surgery, I will get plenty of rest, not lift anything heavy, nor have intercourse for at least 5 to 6 weeks.

Alternatives to a hysterectomy for me include:

- Drug therapy i.e. hormones or pain medications
 Mirena IUD
 Endometrial ablation
 Laparoscopy
 Uterine artery embolization, myomectomy or focused ultrasound therapy if I have fibroids
 Pessary if I have prolapse
 Not doing anything

Risks of hysterectomy

- Injury to a large blood vessel and/or other source of excessive bleeding. If I am medically unstable and Dr.Heidtke thinks a transfusion is necessary, I agree to receive blood or blood products
- Adverse reaction to a medication, including anesthesia
- Infection, most commonly in the urinary tract, wound, lungs or pelvis. I will receive prophylactic (preventative) antibiotics to help prevent this complication.

- Blood clot in the leg or lung. I will have compression stockings on for 24 hours to help prevent this complication.
- Swelling and/or damage to the surrounding structures, most commonly the bladder, ureter, or bowel. This may require prolonged usage of a catheter in the bladder until fully healed. This may also necessitate another operation.
- Pain from injury to a nerve or the development of scar tissue
- Possible need to make an abdominal incision to complete the surgery, and/or prevent or correct a serious complication. If this happens, hospitalization and recovery time could be somewhat longer.

Anesthesia

I understand that I will need General anesthesia - I will go completely asleep with IV medicine and a gas, and a tube is kept in my windpipe during the surgery. The tube is removed before I wake up. I will meet with the anesthesia doctor shortly before surgery, and be able to ask him questions and voice my concerns. I will sign a separate consent form for anesthesia at that time.

Patient signature _____ date _____

Witness signature _____ date _____