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CONSENT FORM FOR ABDOMINAL HYSTERECTOMY

I am consenting to have Dr. Heidtke perform a **hysterectomy**, which means removing my uterus. In addition, she will also remove my: ___ cervix ___ ovary or ovaries ___ tubes

The technique will be **abdominal**. This requires a cut through the skin and deeper layers of the abdominal wall in the lower abdomen to reach the uterus. There will be a permanent scar on the abdomen. This approach gives Dr. Heidtke better visualization of the pelvic organs, and more room to operate in, compared to other available techniques

I will be in the hospital for one or two days afterwards, but it will take 6 to 8 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 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

- 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 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 bladder, ureter, or bowel. This may require prolonged usage of a catheter in the bladder until fully healed. This may also require reoperation.
- Pain from injury to a nerve or the development of scar tissue
- Separation of the edges of the incision (scar)
- If my cervix is left in place, and I am still menstruating, I may continue to have some vaginal bleeding, either regular or irregular. I could still develop precancerous or cancerous changes on the cervix.
- Other:

Anesthesia

I understand that I will need major anesthesia, and there are 2 types:

General anesthesia - I will go completely asleep with IV medicine and a gas, and a tube is kept in my windpipe during the surgery.

Spinal anesthetic - where the medicine (a local anesthetic) is placed into my spinal canal with a very thin needle

The final decision as to which option to take will be made after discussion with the anesthesia doctor shortly before surgery. I will be able to ask him questions and voice my concerns. Dr. Heidtke will also have input into this decision. I will sign a separate consent form for anesthesia at that time.

Patient signature _____ Date _____ Witness _____ Date _____