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## CONSENT FORM FOR VAGINAL HYSTERECTOMY

I am consenting to have Dr. Heidtke perform a **hysterectomy**, which means **removing my uterus and cervix**.

**In addition**, if technically possible, she will also remove my:

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

The technique will all be done through the vagina. To get to the uterus and cut all of its attachments to the body (i.e. ligaments, blood vessels), an incision is made at the top of the vagina. At the end of the procedure, this incision is closed with ~ 5 stitches.

I will be in the hospital for 24 to 48 hrs., but 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 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
- Need to leave the ovaries in place (even if I want them out) because they cannot safely be removed through the vagina
- Need to make an abdominal incision if the hysterectomy cannot safely be completed through the vagina. If this occurs, hospitalization and recovery might be longer.

## 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 \_\_\_\_\_