Information Protocol for Vaginal Hysterectomy

Name: First name: Date of birth:

Dear patient,

The examinations carried out so far indicate that you have a disease of the uterus necessitating an operation. This page should provide you with information, not worry you. It is only part of the information you will receive. The planned intervention will be discussed with you in person. Please ask about anything that is unclear or seems important, and don't hesitate to say if you would prefer not to know too much about the forthcoming procedure. Based on the preliminary examination, the operation can be carried out from the vagina.
The procedure will be carried out under general or regional (spinal) anesthesia. You will be informed by the anesthesist about the advantages and disadvantages as well as the risks of the anesthesia procedure.

Reasons for the procedure
Disorders of the menstrual period which may have led to anemia and cannot be corrected with hormonal therapy; benign tumors in the uterus (fibroids), severe monthly discomfort, benign cervical changes, precancerous conditions of the uterine mucosa, or as an adjunctive intervention for uterine prolapse. Alternative therapeutic options with other surgical or conservative measures have been discussed with you.

Operation method
The uterus is gradually resected through the vagina from the surrounding tissue and removed. The Fallopian tubes and ovaries are left behind if only hysterectomy is planned. For additional ovarian/Fallopian tube removal, the ovaries/Fallopian tubes are also surgically resected from the surrounding tissue. At the end of the operation, the opened vaginal wall is closed with self-dissolving sutures. The operation does not result in vaginal shortening. The space of the missing uterus is filled in by the intestine. Occasionally, a bladder catheter is placed during and after surgery for 1-2 days.

Risks and complications
Bleeding, which is stopped immediately, may occur during the operation. Bleeding can also rarely occur after the operation, which may have to be remedied by a second operation. Rarely, blood substitutes or donor blood must be administered. Injuries to adjacent organs occur rarely, especially the bladder, the urethra, the ureters and the intestine. Such injuries are usually detected during the operation and corrected immediately.
Infection, wound healing disorders, thromboses (blood clots) and emboli cannot be completely ruled out despite drugs and medical progress. The risk is increased in the presence of obesity, smoking and confinement in bed.
In very rare cases, fistulous tracts may form, connections between organs, such as vesico-uterine fistulae; these can lead to unwanted urine loss. Such fistula formation requires follow-up intervention.
If, contrary to expectations, the uterus cannot be approached from the vagina, surgery must be continued through laparoscopy or abdominal incision. Despite proper patient positioning and correct equipment connection, pressure-related and other damage to nerves and soft tissues can occur as very rare complications. Only rarely do these leave permanent symptoms (e.g. numbness, painful sensations) or scars.

After the operation
Removal of the uterus leads to the absence of menstrual bleeding and infertility. Vaginal wound healing takes at least 6-8 weeks and is usually accompanied by increased discharge. Sexual intercourse should be avoided during this time.

Rarely, scar formation can cause pain during sexual intercourse, requiring secondary local treatment. The removal of the ovaries leads to the onset of menopause in premenopausal women. Women younger than 45 years and women with significant menopausal symptoms are generally treated with hormone therapy.

Costs
The operation is a mandatory service of the health insurance company. If you have additional insurance: Has cost coverage been verified?

Your questions:

Explanatory consultation

Interpreter:

Proposed operation:

Notes of the doctor for the information interview

(waiver of explanation with indication of the reason, individual risk-increasing circumstances: age, heart disease, obesity, etc.).

Alternative treatment possibilities:

Date: Time: Duration of explanatory consultation:

Treatment order

Dr. has had an informative talk with me. I understood the explanations and was able to ask any questions I had. I received a copy of the interview protocol.
I agree with the proposed procedure, as well as with the changes and extensions discussed that may be required during the operation.

Place, date: Patient:

The text on the front page has been discussed with the patient, any questions answered, and a copy of this information protocol has been given to the patient.

Date, time

Doctor:

Operation outline

(Operation method, skin incision, what is removed, reconstructed, etc., side designation left, right)