

Information Protocol for Laparoscopic Hysterectomy

Name:

First name:

Date of birth:

The examinations carried out so far indicate that you have a disease of the uterus that necessitates an operation.

The following remarks are part of the information and should help you to understand the planned operation. We will discuss the planned procedure with you personally. Please ask about anything that is unclear or seems important to you. You also have the right to say whether you would rather not know too much about the upcoming procedure.

Operation method: The surgery requires general anesthesia. At the beginning of the operation, a probe is usually inserted from the vagina to allow movement of the uterus in different directions. For the removal of the uterus through laparoscopy, access is made via 5-10 mm punctures in the abdominal wall. One of them is usually in the navel, and another 2-3 in the lower abdomen. For the best possible protection of the internal organs, first, a thin needle is used to fill the abdominal cavity with carbonic acid. The uterus is either partially or completely removed, with or without the cervix. Removal of the uterus usually occurs during complete surgery through the opened vagina. The vagina is then closed by a suture. This does not shorten the vagina and does not affect sexual intercourse. If one or both Fallopian tubes or ovaries are also diseased, they may have to be removed. After menopause, the ovaries can be removed without the presence of pathological findings, if you so desire.

In rare cases, surgery cannot be performed through laparoscopy, and the surgeon must switch to a conventional laparotomy operation (with abdominal incision) during the procedure.

Risks and complications: Despite conscientious execution of the operation, complications may occur. The most common complication is bleeding. Bleeding during surgery is immediately stopped. Bleeding can also rarely occur after the operation, which may have to be remedied by a second operation. In case of significant blood loss, blood substitutes are given, and in extreme emergencies, donor blood. Inflammation, infection, wound healing disorders and thromboses (closure of veins by blood clots) cannot always be avoided despite advances in medicine and preventive measures (antibiotics, blood thinning). Because a bladder catheter for emptying the bladder must be inserted for the surgery, bladder irritation or infection may occasionally occur after surgery. Even with the utmost care of the surgeon, injuries to the surrounding organs such as bladder, ureter and intestine cannot always be avoided, especially in the presence of certain risks such as adhesions. Usually, these injuries are detected and corrected during the procedure. Less often, they do not manifest until 1-5 days after the procedure and then require a second operation. Flatulence, mild abdominal cramps and shoulder pain in the first 24 to 48 hours after surgery are common and not actual complications. 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, further pregnancies are no longer possible. If the complete uterus is removed, monthly bleeding will also no longer occur. However, pre-menopausal women are not in menopause then. The operation does not disturb the cyclic hormone release of the ovaries. Neither weight gain nor changes in sexual sensation are to be expected. Only if functional ovaries have been removed can menopausal symptoms (such as hot flashes) occur. You will be separately informed concerning postoperative instructions, length of hospital stay, and postoperative incapacity for work.

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

Your questions:

Explanatory consultation

Interpreter:

Proposed operation:

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

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:
