

Information Protocol on the Removal of the Uterus (Hysterectomy) through Abdominal Surgery

Name:

First name:

Date of birth:

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.

The examinations carried out so far indicate that you have diseases of the internal reproductive organs that necessitate an operation.

Operation method: The internal reproductive organs are accessed through an abdominal incision, either longitudinally or transversely in the lower abdomen. This opens the abdominal cavity and the uterus is usually removed in totality, including the cervix protruding into the vagina. Though the vagina is opened, after healing this is generally not shortened. If the Fallopian tubes or ovaries are also affected, it may be necessary to remove them at the same time as the uterus. However, the principle for any surgical procedure is that the scope of intervention is limited to what is absolutely necessary.

If the ovaries have stopped functioning after menopause, they can be removed together with the uterus if you wish, even if they are not diseased. This can be useful for the prevention of later ovarian disease. This additional intervention usually does not prolong or complicate the planned operation.

Risks and complications: Despite conscientious execution of the operation, the physician cannot guarantee treatment success and absence of complications. Bleeding, which will be 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. In case of significant blood loss, blood substitutes are given. Donor blood is only used if blood substitutes are insufficient. Inflammation, 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, which can be treated easily. Bloating and mild abdominal cramping, which should be considered as a temporary dysfunction after abdominal surgery, may occur. 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. 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. Nor will monthly bleeding occur any longer. According to common experience, an increase in weight or a change in female sexual sensation is not expected after removal of the uterus. Sexual intercourse continues to be possible without problems. Menopausal women will experience climacteric symptoms (= menopausal symptoms, such as hot flashes) after removal of both ovaries and will show signs of hormonal deficiency in the vagina over time, such as bone loss and dryness. All of these complaints can be largely eliminated by the administration of natural, female hormones. 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 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 _____ carried out an explanatory consultation with me. I have understood the explanation and could ask any questions I had. I have been given a copy of the consultation protocol.

I consent to the planned procedure, including any discussed changes and extensions that may be found necessary 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: