| Hospital Logo | | | | Patient Identification Label | |
|---|---|----------------------------------|----------------------|---|--|
| | Infor | | | | |
| Name: | | Age (in years): | Gender: □ M □ | F □ Other | |
| UHID No./Registration | on No.: | 1 | 1 | | |
| Interpreter Service: | □ Yes □ No | Consultant's Name: | | | |
| Medical Condition The doctor has expla | ained that I/my child/my | | have | the following medical condition: | |
| and I/my child/my | | have been explained ar | nd advised to underg | go the following treatment/procedure: | |
| his/her associates to | perform the above treat | ment/ procedure. | | and | |
| | | | | | |
| A hysterectomy is an operation to remove the uterus and usually the cervix. The ovaries and tubes may or may not be removed during this procedure, depending on the reasons for the surgery being performed. In case the ovaries are found to be diseased, they may have to be removed. If the ovaries are removed, you will commence menopause. There are three ways to remove the uterus: Vaginal hysterectomy: No incision (cut) will be made in the abdomen. Uterus removal and closing of the wound will be performed through the vagina. Laparoscopic hysterectomy: The procedure will be performed under general anaesthesia. During the procedure, several small incisions will be made in the abdomen to divide the attachments of uterus, ovaries and tubes in the pelvis. To allow clear vision, the belly will be filled with gas (carbon dioxide) that is let out at the end of the surgery. And the uterus will usually be removed through the vagina. Depending on the intra-operative findings, in case of any difficulty or complication encountered during the surgery, the laparoscopic procedure may be converted to an open abdominal procedure. Abdominal hysterectomy: The uterus will be removed through an incision in the lower abdomen. The incision will be about 15–20 cm in length and will run across the abdomen, usually just above the pubic bone. Less commonly, it may be necessary to make an incision that runs from the belly button down to the pubic area. | | | | | |
| Procedure name: | □ Vaginal hysterectomy oved □ Yes □ No | y □ Laparoscopic hystere | If Yes, specify | bdominal hysterectomy ☐ Right ☐ Left | |
| Consent for Blood Please see Blood Ti | Transfusion ransfusion Consent Form. | This will give you information a | bout the type of the | blood products, benefits and risks of | |
| | | | he type of the anaes | thesia, its benefits and general risks. If | |
| Benefits (To be docu | | | | be documented by doctor) | |
| Lesser bleedingLess pain | | | = | Taking medicines to treat some problems Hysteroscopy | |
| Symptomatic kOthers, if any s | | | Continue w | ith dilation and curettage (D&C) to ormal bleeding | |

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Informed Consent for Hysterectomy

| Patient | Identificatio | n Label |
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|---|---|--|--|--|
| Risks and Complications (To be documented by doctor) | Patient Specific Risks (To be documented by doctor) | | | |
| • Severe bleeding from large blood vessels above the uterus. | 1) | | | |
| Infection in the operation site or pelvis or urinary tract. Injury to other organs such as the ureter(s) (tube leading from kidney to | 2) | | | |
| bladder), bladder or bowel. A connection (fistula) may develop between the bladder and the vagina or bowel or peritoneum. | 3) | | | |
| Pulmonary embolism | 4) | | | |
| Others, if any specify: | 5) | | | |
| | | | | |
| | | | | |
| Specific Notes Related to Procedure (Strike out if not required) | Precise Action Points Understood by the Patient/Substitute Decision Maker (To be documented by patient/substitute decision maker in his/her language) | | | |
| | | | | |
| Patient's Authorisation The doctor has explained my medical condition and proposed treatment/procedure. I have been explained and have understood the risks known to be attached with the planned treatment /procedure including the risks that are specific to me and their likely outcomes. | | | | |
| The doctor has explained other relevant/alternate treatment options and their associated risks. The doctor has also explained the risks of not having the procedure. I have been given the choice to take a second opinion. I was able to ask questions and raise concerns with the doctor about the procedure and its risks and my treatment options. My queries and concerns have been discussed and answered to my full satisfaction. I understand that the treatment/procedure may include blood/blood product transfusion (for which a separate consent shall be | | | | |
| obtained). The doctor has explained the requirement for anaesthesia for this procedure and I understand the risks associated with anaesthesia, including the risks specific to me (for which a separate consent shall be taken). | | | | |
| I understand that if organs or tissues are removed during the surgery that these may be retained for tests and shall be disposed of sensitively by the hospital as per the regulatory provisions. The dester has explained and it has been agreed to me that if immediate life threatening events occur during the | | | | |
| The doctor has explained and it has been agreed to me that if immediate life-threatening events occur during the treatment/procedure, they will be treated according to the prevalent medical norms. It has been explained to me, that during the course of or subsequent to the operation/procedure, unforeseen conditions may be | | | | |

not revealed anywhere. □ Yes □ No

• For purposes of advancing medical education, I consent to the admittance of observers to the operating room. □ Yes □ No

revealed or encountered which may necessitate urgent surgical or other procedures in addition to or different from those

such condition there will be no requirement of any additional consent from me or my family members/attendants.

• I declare that no guarantee of whatsoever nature has been given by anyone as to the results that may be obtained.

be in writing and acknowledged by the hospital. And I shall be solely responsible for the outcome of such refusal.

contemplated. In such exigency, I further request and authorise the above named physician / surgeon or his designee to perform such additional surgical or other procedures as he or they consider necessary or desirable in my interest. I understand and agree that in

• I understand that I have the right to refuse treatment or withdraw consent at any time. I agree that any such refusal/withdrawal shall

• I consent to if any photographing or televising of the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes. However suitable precautions shall be taken by the hospital that my identity is

| Info | | | | |
|--|---------------------------|---|-------------------------|--------------------------|
| Patient Name: | Signature: | | Date and Time: | |
| Substitute Decision Maker Name: | Relationship: | Reason (patient is unable to give consent because): | Signature: | Date and Time: |
| Witness Name: | Relationship: | Relationship: | | Date and Time: |
| Interpreter Name: | Translation give | Translation given in: | | Date and Time: |
| Declaration by the Doctor I have explained to the patient / authorised benefits/risks, likely consequences if those undergoing the procedure. I have given the | risks occur and the signi | ficant risks and problems spec | ific to this patient in | cluding the risks of not |

Date and Time:

matters and raise any other concerns. I have answered all their queries to the best of my knowledge.

Name and Signature of the Doctor with Reg No:

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