



Procedure Information Sheet

Introduction

It is a procedure through an incision in the abdomen to remove the uterus and / or tubes and ovaries.

Indication

Pelvic or abdominal mass, heavy menstrual flow, risk of cancer.

The Operation / Procedure

1. General anaesthesia.
2. Peritoneal cavity entered.
3. Uterus removed.
4. Removal of tubes and ovaries if necessary (prophylactic or when affected).
5. Vaginal and abdominal wounds closed.
6. All tissue removed will be sent to the Pathology Department or disposed of as appropriate unless otherwise specified.

Before the Operation / Procedure

1. Suggest to stop Hormonal treatment at approximately two weeks prior to surgery.
2. A written consent is required.
3. Keep fast 6 hours before operation.
4. Pubic shaving may be required.
5. Bowel preparation may be required by doctor.
6. Take off all clothes (including underwear) and things such as denture, Jewelry and contact lens, then put on operation gown.
7. Empty urinary bladder before operation.

After the Operation / Procedure

1. Patient who have undergone general anesthesia may have fatigue, nausea or vomiting. If, the symptoms persisted or aggravated, please inform health care providers.
2. Patient will have more pain than Laparoscopic approach, slower postoperative recovery and longer hospital stay, therefore longer sick leave.
3. Scanty bleeding from vagina, please consult your doctor for excessive vaginal bleeding.
4. No menstruation.
5. Cannot get pregnant.
6. Coitus is not affected, but avoid intercourse for 4 weeks or until examination by doctor at follow up.
7. Should not affect hormonal status if ovaries are not removed; ovarian failure may occur 2-4 years earlier than natural menopause and 1% risk of future operation for ovarian pathology.
8. Climacteric symptoms if ovaries are removed in a premenopausal woman.
9. Further treatment may be necessary in case of malignancy.

<p>Patient's Label Patient Name: _____ Hospital No: _____ Episode No: _____</p>

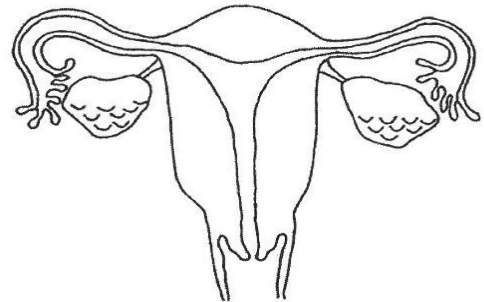


Risks and Complications

1. Anaesthetic complications.
2. Blood loss necessitating transfusion.
3. Injury to neighbouring organs including bowels, bladder and / or ureter or blood vessels by way of burn and / or puncture, formation of a fistula, requiring a necessary procedure to repair and / or future surgery (1%).
4. Need for a colostomy or a second operation to repair any of the above injuries.
5. Wound healing problem including infection, incision hernia, pain, disfiguring scar.
6. Pelvis pain due to adhesion, scar formation or residual ovary.
7. Possible need for hormone replacement and its side effects include risk of breast cancer, gallstone, heart attack, stroke, venous thromboembolism, pancreatitis etc.
8. Vault prolapse in the future.
9. Infection.

Risk of Not Having the Procedure

1. Progression and deterioration of disease condition.
2. Exact diagnosis cannot be ascertained.



Alternative Treatment

1. Observation.
2. Non-surgical treatment e.g. Medical treatment, Mirena.
3. Myomectomy (for uterine fibroid).
4. Endometrial ablation (for Dysfunctional uterine bleeding).
5. Laparoscopic / vaginal approach.
6. Uterine fibroid embolization.

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

Department of Obstetric & Gynaecology, United Christian Hospital, Pre-operative Information Sheet: Total Abdominal Hysterectomy with/without Bilateral Salpingo-oophorectomy (2017)

Patient's Signature: _____ Date: _____

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Patient Name: _____
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