



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 there is 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.

Patient's Label

Patient Name: _____

Hospital No: _____

Episode No: _____



10. If appropriate, one can decide to keep or remove both ovaries or tubes

- Removal of tubes ("Opportunistic salpingectomy") : may reduce the risk of carcinoma of ovary, but the effect on ovarian function is uncertain.

Risks and Complications

1. Anaesthetic complications.
2. Blood loss necessitating transfusion.
3. Damage to the bowel (around 0.5%) , bladder, ureters (around 1%) or major blood vessels which might require immediate repair. Some of the injuries might not be noted at the time surgery.
4. Pelvic infection or abscess (0.2%) .
5. Return to theatre because of complications like bleeding, abscess, wound dehiscence including vault dehiscence leading to bowel evisceration.
6. Pelvis pain due to adhesion, scar formation or residual ovary.
7. Possible need for hormone replacement if both ovaries are removed, and its side effects include risk of breast cancer, gallstone, heart attack, stroke, venous thromboembolism, pancreatitis etc.
8. Vaginal vault prolapse in the future.
9. Pelvic infection.
10. Wound complications including infection, hernia, pain, numbness, bruising, wound gaping and keloid formation.
11. Internal scarring with adhesion.
12. Urinary frequency, dysuria, urinary tract infection and long term disturbance to bladder function.
13. Thromboembolic complication e.g. deep vein thrombosis, pulmonary embolism.
14. Around 4 in every 100 women will experience at least one of the above complications.

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. Vaginal / laparoscopic approach.
6. Uterine artery embolization.

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**Total Abdominal Hysterectomy
(and Bilateral Salpingo-Oophorectomy if necessary)**

Total Abdominal Hysterectomy (and Bilateral Salpingo-oophorectomy if necessary)

Remarks

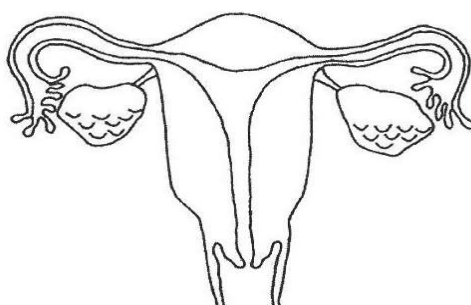
Please ensure proper contraception before the procedure if necessary, or avoid sexual intercourse after the last menstrual period. The procedure may be rescheduled or cancelled if there is chance of pregnancy.

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 (2022)



Patient's Label

Patient Name: _____
Hospital No: _____
Episode No: _____

Patient's Signature: _____ Date: _____