

Procedure Information Sheet - Total Abdominal Hysterectomy +/- Bilateral Salpingo-oophorectomy

Introduction

Total abdominal hysterectomy means removal of the uterus together with the cervix via an abdominal incision.

Indications

Pelvic mass, heavy menstrual flow, risk of cancer.

Procedure

1. General anaesthesia.
2. Peritoneal cavity entered.
3. Uterus removed (ovaries and tubes may also be removed at this stage).
4. Vaginal and abdominal wounds closed.
5. All tissue removed will be sent for histopathology examination or disposed of as appropriate unless otherwise specified.
6. Other associated procedures which may become necessary during the operation:
 - Removal of tubes and ovaries (prophylactic or when affected).

Pre-operative preparation

1. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
2. No food or drink for 6 to 8 hours before operation.
3. Blood taking for blood typing and screening.
4. Fleet enema may be performed as instructed by your doctor.
5. Pubic hair is shaved if necessary as instructed by your doctor.

Possible risks and complications

- Anaesthetic complications.
- Bleeding may need blood transfusion.
- Wound complications including infection and hernia.
- Injury to neighboring organs including the bladder, ureters or bowel.
- Pelvic infection.
- Deep vein thrombosis.

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Post-operative information

1. You may take analgesics for pain relief as prescribed by your doctor.
2. Avoid sexual intercourse for 2 months and preferably after examination by gynaecologist.
3. Avoid lifting heavy weights for 2 months after surgery.
4. Contact your doctor if severe abdominal pain, purulent discharge, heavy vaginal bleeding or fever (body temperature above 38°C or 100°F) occurs.
5. Hormonal status should not be affected if one or both ovaries are conserved. But ovarian function may fail prematurely. (About 2-4 years earlier than natural menopause).
6. Climacteric symptoms may occur if both ovaries are removed in a premenopausal woman. Discuss with your gynecologist whether hormonal replacement therapy is required.

Remark

The above-mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or different individual. Please contact your doctor for further enquiry.

Reference: http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. _____. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Name:

Pt No.:

Case No.:

Sex/Age:

Unit Bed No:

Case Reg Date & Time:

Attn Dr:

Patient / Relative Signature: _____

Patient / Relative Name: _____

Relationship (if any): _____

Date: _____