



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

Visit No.: Dept.:
Name: Sex/Age:
Doc. No.: Adm. Date:
Attn. Dr.:
Patient No.: PN

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+10	+20	+30	+40	+50	+60	+70	+80	+90

*Please fill in /
affix patient's label*

Introduction

Removal of the uterus and cervix through an abdominal incision. Ovaries and/or fallopian tubes may also be removed in the same procedure.

Indications

1. Heavy menstrual flow
2. Pelvic or abdominal mass
3. Risk of cancer

The Procedure

1. General anaesthesia
2. Urinary bladder catheterized
3. Abdominal incision
4. Peritoneal cavity entered
5. Uterus removed
6. Ovaries and tubes may also be removed (if required)
7. Closure of vaginal and abdominal wounds
8. All tissue removed will be sent to Pathology Department or disposed of as appropriate unless otherwise specified

Risk and Complication

There are always certain side effects and risks of complications of the procedure. Medical staff will take every preventive measure to reduce their likelihood.

Possible risks and complications (not all possible complications are listed)

1. Patients who are obese, who have significant pathology, who have undergone previous surgery or who have pre-existing medical conditions must understand that the quoted risks for serious or frequent complications will be increased
2. Anaesthetic complications
3. Fever
4. Frequency of micturition, dysuria and urinary tract infection
5. Wound infection, pain, bruising, delayed wound healing or keloid formation
6. Numbness, tingling or burning sensation around the scar
7. Ovarian failure
8. Internal scarring with adhesions
9. Pelvic haematoma
10. Injury to bowel (rare, 4 in every 10 000)
11. Bleeding, may require blood transfusion (common, 23 in every 1000)
12. Wound complications, may require another operation (uncommon, 7 in every 1000)
13. Injury to bladder and/or ureters (7 in every 1000) and/or long-term disturbance to bladder function (uncommon)
14. Pelvic abscess and infection (uncommon, 2 in every 1000)
15. Deep vein thrombosis and pulmonary embolism (uncommon, 4 in every 1000)
16. Risk of death within 6 weeks after operation (rare, 32 in every 100 000)
17. Wound hernia
18. Vault prolapse (uncommon, 18 in every 1000)



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Pre-operative information

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

Post-operative information

1. Take medication as prescribed by your doctor
2. Contact your doctor or attend a hospital if you experience severe abdominal pain, purulent discharge, heavy vaginal bleeding, fever (body temperature above 38°C or 100°F), or other unusual symptoms
3. Avoid lifting heavy weights in the first 2 months after operation
4. Avoid sexual intercourse in the first 2 months after operation
5. Consult your doctor before resuming sexual intercourse
6. Hormonal status should not be affected if ovaries are not removed but ovarian failure may occur 2 to 4 years earlier than natural menopause
7. Climacteric symptoms may occur if ovaries are removed in pre-menopausal patients
8. Discuss with your doctor about hormonal replacement therapy if required

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor.

Reference

Department of Obstetrics & Gynaecology - The University of Hong Kong
Hospital Authority – Smart Patient Website

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.

Patient / Relative Name

Signature

Relationship (if any)

Date