

# Patient agreement to investigation or treatment

## Laparoscopic assisted vaginal hysterectomy with or without bilateral salpingo-oophorectomy (LAVH +/- BSO)

**Authors:** Gynaecology

**Brief description:**

- Laparoscopic surgery has been recommended as part of the technique for hysterectomy (removal of your uterus/womb). The indication/reason for the hysterectomy is ..... (Please complete).
- **Laparoscopic assisted vaginal hysterectomy and bilateral salpingo-oophorectomy (LAVH BSO)**
- **Laparoscopic assisted vaginal hysterectomy with conservation of the ovaries (LAVH)**
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure (operation/treatment). We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

**Please bring this form with you to hospital**

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke’s website: <http://www.addenbrookes.org.uk/consent>
- Remember, you can change your mind about having the procedure at any time.

---

**For staff use:**

Does the patient have any special requirements? (For example, requires an interpreter or other additional communication method)

.....  
.....

---

## About laparoscopic hysterectomy surgery

The aim is to use keyhole surgery (aided by the laparoscope/telescope) to remove the uterus, cervix, (fallopian tubes and the ovaries – if BSO) and cut the supports, and then conventional vaginal surgery to remove the tissues from the body. A total laparoscopic hysterectomy is where all the operating is performed using the telescope and the womb is removed vaginally.

## Before your procedure

- A decision will be made with you in clinic about this operation. This will be offered by a consultant or one of the trainee doctors under supervision. You will then be seen at the pre-admission outpatient clinic by the preadmission sisters. The pre-admission assessment may be carried out by phone.
- 
- At this clinic, we shall ask you for details of your medical history and carry out any necessary clinical examinations and investigations. This is a good opportunity for you to ask us any questions about the procedure, but please feel free to discuss any concerns you might have at any time.
- If you are taking any tablets or other forms of medication, you should tell the doctor treating you. Usually, we will ask you to stop hormone-replacement treatment (HRT) or tamoxifen at approximately two weeks prior to surgery, if appropriate.
- You will be asked whether you have any allergies. It is important that you tell us about any bad reactions that you have had with medication or operations prior to surgery.
- This procedure involves the use of general anaesthesia. See below for further details about the types of anaesthesia we shall use. In addition, we may use local anaesthetic to reduce your post-operative discomfort.
- Most people who have this type of procedure will stay in hospital for one to two days after this type of surgery. Usually, you will be admitted on the day of surgery and most women are now perfectly fit to be discharged the day following surgery. Please plan for this length of stay (one night in hospital). Sometimes we can predict whether you will need to stay for longer than usual - your doctor will discuss this with you before you decide to have the procedure.

## During the procedure (operation/treatment) itself

- Before your procedure, you will be given the necessary anaesthetic - see below for details of this.
- There will be three incisions (cuts) made that you can see. The first is for the telescope and is within or close to the navel (belly button). This is approximately 1 cm long. Two further cuts will be made in the lower half of your abdomen (tummy), which are approximately 5 mm long. An additional cut is made at the top of the vagina to remove the loosened tissue, including the specimen for analysis. Sometimes additional cuts (ports) are made to aid the surgery.

- 
- A catheter (tube) will be placed in your bladder during the operation to allow accurate measurement of the urine that you produce during and/or after the surgery. This might be taken out immediately after the operation or left until later, for example: when you are less sleepy.
  - Small dissolvable stitches are used to close the small skin wounds at the end of the operation. These sutures usually do not need to be removed. If there is a problem with the wound please do not hesitate in contacting the ward or your practice nurse for advice and review if necessary.

### **After the procedure (operation/treatment)**

- After your general anaesthetic you will wake up in the recovery room after your operation. You might have an oxygen mask on your face to help you breathe. You might also wake up feeling sleepy.
- After this procedure, most people will have a small, plastic tube in one of the veins of their arm. This might be attached to a bag of fluid (called a drip), which feeds your body with fluid until you are well enough to eat and drink by yourself.
- While you are in the recovery room, a nurse will check your pulse and blood pressure regularly. When you are well enough to be moved, you will be taken to a ward.
- Sometimes, people feel sick after an operation, especially after a general anaesthetic, and might vomit. If you feel sick, please tell a nurse and you will be offered medicine to make you more comfortable.
- **Eating and drinking:** Usually following surgery you will be able to drink fluids when you are ready. If you feel hungry, you can usually have something light to eat soon after the operation.
- **Getting around and about:** After this procedure, we will try to get you mobile (up and about) as soon as we can to help prevent complications from lying in bed.
- **When you can leave hospital:** The actual time that you stay in hospital will depend on how quickly you recover from your operation and the type of operation you have had. Usually, you will be in hospital for at least one night, although the actual time you are inpatient can range from 8 hours to several days after the operation. If you have problems with the operation or require further treatment you might need to stay in for longer.
- **When you can resume normal activities including work:** You can usually resume normal activities including beginning gentle work within the fortnight after your operation. Often you will want to wait a little longer before resuming more vigorous activity. Driving will be fine about two weeks after the surgery if you feel comfortable in the driving seat wearing your seat belt.
- **Check-ups and results:** You will be given information about the results of your surgery after the operation. Usually a letter will be sent with the results as soon as these are available. The follow-up is tailored to your requirements, and a clinic appointment will be sent if appropriate. A clinic visit is not usually booked for routine follow-up after surgery. However, should you feel the need to talk to the surgeons or other staff, please do not hesitate in contacting them.

## Intended benefits of the procedure

- LAVH BSO: We aim to remove the ovaries, fallopian tubes, uterus (womb) and cervix.
- LAVH: We aim to remove the uterus (womb) and cervix.

## Who will perform my procedure?

- This procedure will be performed by a consultant gynaecologist or trainee (working under supervision)..

## Alternative procedures that are available

- You should feel happy that at your clinic visit, other options including no surgery were discussed.
- Medical and other treatments will have been discussed with you if appropriate. If not, please ask for further information.

## Serious risks

- Failure to complete the surgery using the key-hole procedure. This might result in you needing an 'open' procedure, in which a larger incision (cut) is made in the abdomen. In a woman without any other medical or surgical problems, the risk of this occurring is 3% (this includes equipment failure).
- Damage during the surgery to the bowel or to the urinary tract (including the bladder or ureters);
- Haemorrhage (bleeding) during or after the surgery;
- Infection (including of the chest, wound, line, bladder, blood);
- Thrombosis (including pulmonary embolus);
- Problems at the wound openings/scars (including hernia).
- There is a tiny risk of death. You will be cared for by a skilled team of doctors, nurses and other health care workers who are involved in this type of surgery on a daily basis. Any problems that arise can be rapidly assessed and appropriate action taken.
- From the literature, it appears that laparoscopic approaches to hysterectomy are associated with less complications, shorter hospital stay and quicker return to normal activity than conventional open operations.

## Information and support

You might be given some additional patient information before or after the procedure for examples leaflets that explain what to do after the procedure and what problems to look out for. If you have any questions or anxieties, please feel free to ask a member of staff.

- **Pre admissions reception**

Monday to Friday 09:00 to 17:00 hours. Otherwise please leave a message on the answer machine.

Telephone 01223 256584

E-mail: [preadmission.reception@addenbrookes.nhs.uk](mailto:preadmission.reception@addenbrookes.nhs.uk)

The pre admission service runs from 08:00 to 18:00 Monday to Friday.

---

## Your anaesthesia

### General anaesthesia

During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of your operation.

### Before your operation

Before your operation your anaesthetist will visit you in the ward, although occasionally this will happen in a pre-anaesthetic assessment clinic. The anaesthetist who looks after you on the day of your operation is the one who is responsible for making the final decisions about your anaesthetic. He or she will need to understand about your general health, any medication that you are taking and any past health problems that you have had. Your anaesthetist will want to know whether or not you are a smoker, whether you have had any abnormal reactions to any of the drugs or if you have any allergies. They will also want to know about your teeth, whether you wear dentures, have caps or a plate. Your anaesthetist needs to know all these things so that he or she can assess how to look after you in this vital period. Your anaesthetist may examine your heart and lungs and may also prescribe medication that you will be given shortly before your operation, the pre-medication or 'pre-med'.

**Pre-medication** is not usually given.

Do not be worried about your anaesthetic. When your anaesthetist visits you before your operation, this is the time to ask all the questions that you may have, so that you can forget your fears and worries.

Before your operation you will usually be changed into a gown and wheeled to the operating suite into an anaesthetic room. This is an ante-room outside the theatre. The anaesthetist, his or her assistant and nurses are likely to be present. An intravenous line (drip) may be inserted. Monitoring devices may be attached to you, such as a blood pressure cuff or a pulse oximeter. A pulse oximeter is usually a little red light in a small box, which is taped to your finger. It shows how much oxygen you have in your blood and is one of the vital monitors that an anaesthetist uses during your operation to ensure that you remain in the best of health. You may be given some oxygen to breathe.

### During your operation

While you are unconscious and unaware your anaesthetist remains with you at all times. He or she monitors your condition and administers the right amount of anaesthetic drugs to maintain you in the correct level of unconsciousness for the period of the surgery.

Your anaesthetist is constantly aware of your condition and trained to respond. Your anaesthetist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing.

---

He or she will also constantly watch your need for fluid or blood replacement. If you have any other medical conditions, your anaesthetist will know of these from your pre-operative assessment and be able to treat them during surgery.

## After your operation

After your operation your anaesthetist continues to monitor your condition carefully. You will probably be transferred to a recovery ward where specially trained nurses, under the direction of anaesthetists, will look after you. Your anaesthetist and the recovery nurses will ensure that all the anaesthetic effects are reversed and that you are closely monitored as you return to full consciousness. You may be given some oxygen to breathe in the recovery area, and may find that intravenous drips have been inserted whilst you are unconscious in theatre and that these will be replacing fluids that you might require. You will be given medication for any pain that you might feel, and systems, such as Patient Controlled Anaesthesia (PCA) may be set up to continue pain control on the ward.

You are likely to feel drowsy and sleepy at this stage. Some patients feel sick, others may have a sore throat related to the insertion of the breathing tube during surgery. During this time it is important that you relax as much as you can, breathe deeply, do not be afraid to cough, and do not hesitate to ask the nursing staff for any pain relief, and about any queries you may have. You are likely to have hazy memories of this time and some patients experience vivid dreams. Once you are fully awake you will be returned to the ward.

## What are the risks of general anaesthesia?

In modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. The risk to you as an individual will depend on; whether you have any other illness, personal factors (such as smoking or being overweight) or surgery which is complicated, long or done in an emergency. Please discuss any pre-existing medical condition with your anaesthetist.

- Very common and common side effects (1 in 10 or 1 in 100 people)  
Feeling sick and vomiting after surgery, sore throat, dizziness, blurred vision, headache, itching, aches, pains and backache, pain during injection of drugs, bruising and soreness, confusion or memory loss.
- Uncommon side effects and complications (1 in 1000 people)  
Chest infection, bladder problems, muscle pains, slow breathing (depressed respiration), damage to teeth, lips or tongue, an existing medical condition getting worse, awareness (becoming conscious during your operation).
- Rare or very rare complications (1 in 10,000 or 1 in 100,000)  
Damage to the eyes, serious allergy to drugs, nerve damage, death, equipment failure.

## **Local anaesthesia**

The local anaesthetic drug is injected into the skin and tissues at the site of the operation. The area of numbness will be restricted and some sensation of pressure may be present, but there should be no pain. Usually a local anaesthetic will be given by the doctor doing the operation.

**The local anaesthetic is in addition to the general anaesthetic.**



We are currently working towards a smoke free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169

### Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

### Polish

Jeżeli chciałbyś uzyskać te informacje w innym języku, w dużej czcionce lub w formacie audio, poproś pracownika oddziału o kontakt z biurem Informacji Pacjenta (Patient Information) pod numerem telefonu: 01223 216032 lub pod adresem [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

### Portuguese

Se precisar desta informação noutra língua, em impressão de letras grandes ou formato áudio, por favor peça ao departamento que contacte a secção de Informação aos Doentes (Patient Information) pelo telefone 01223 216032 ou através do e-mail [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

### Arabic

إذا كنت تود الحصول على هذه المعلومات بلغة أخرى، بالأحرف الكبيرة أو بشكل شريط صوتي، يمكنك أن تطلب من القسم الاتصال بمعلومات المريض على الرقم: 01223216032 أو عبر البريد الإلكتروني: [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

### Cantonese

如您需以另一語言版本、特大字體或錄音形式索取本資料，請要求部門聯絡病人諮詢服務：電話 01223 216032，電郵地址 [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

### Turkish

Eğer bu bilgileri başka bir dilde veya büyük baskılı veya sesli olarak isterseniz, lütfen bulunduğunuz bölümdeki görevlilere söyleyin Hasta Bilgilendirme servisini arasinlar: 01223 216032 veya [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

### Urdu

اگر آپ کو یہ معلومات کسی دیگر زبان میں، بڑے الفاظ میں یا آڈیو طریقہ سے درکار ہوں تو برائے مہربانی اس شعبہ سے پیشینٹ انفارمیشن سے ذیل کے ذریعہ رابطہ کرنے کی درخواست کریں: 01223 216032 یا [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

### Bengali

আপনি যদি এই তথ্য অন্য কোন ভাষায়, বড় অক্ষরে বা অডিও রেকর্ডিং পেতে চান তাহলে 'প্যাশেন্ট ইনফরমেশন' এর সঙ্গে 01223 216032 নম্বরে ফোন করে বা [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk) ঠিকানায় ই-মেইল করে যোগাযোগ করার জন্য ডিপার্টমেন্টটিতে অনুরোধ জানান।

## Document history

Authors	Gynaecology Department
Department	Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ <a href="http://www.cuh.org.uk">www.cuh.org.uk</a>
Contact number	01223 245151
Published/Review date	May 2010/may 2013
File name	gynae_lavh_lavhbso.doc
Version number/Ref	5/CF234

Consent form 1

# Patient agreement to investigation or treatment

<b>For staff use only:</b>
<b>Surname:</b>
<b>First names:</b>
<b>Date of birth:</b>
<b>Hospital no:</b>
<b>Male/Female:</b>
<b>(Use hospital identification label)</b>

Responsible health professional/job title

Special requirements .....  
 (For example, other language/other communication method)

**Name of proposed procedure or course of treatment**

Laparoscopic assisted vaginal hysterectomy and bilateral salpingo-oophorectomy (LAVH BSO)  
 Laparoscopic assisted vaginal hysterectomy with ovarian conservation (LAVH)

**Statement of health professional**

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the Hospital's consent policy)

I have explained the procedure to the patient. In particular, I have explained:

- How it will be performed
- The intended benefits of the procedure aim to remove the ovaries, fallopian tubes, uterus (womb) and cervix or to remove the uterus (womb) and cervix
- Any serious or frequently occurring risks including those specific to the patient: needing an 'open' procedure, damage to the bowel or urinary tract; haemorrhage, infection, thrombosis, problems at the wound openings/scars and a tiny risk of death.....
- Any extra procedures that might become necessary during the procedure

Blood transfusion     Other procedure (please specify) .....

I have discussed what the treatment / procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

- The following information leaflet has been provided: Laparoscopic assisted vaginal hysterectomy with or without bilateral salpingo-oophorectomy (LAVH +/- BSO) .....  
 ..... Version/Date/Ref: 5/May 2010/CF234 .....

This procedure will involve:

General and/or regional anaesthesia     Local anaesthesia     Sedation

Health professional's signature: .....Date: .....

Name (PRINT): ..... Job title: .....

Contact details (if patient wishes to discuss details later)

I have offered the patient information about the procedure but s/he has declined information.

**Statement of the interpreter (if appropriate)**

I have interpreted the information to the best of my ability, and in a way in which I believe s/he can understand:

Interpreter's signature..... Date: .....

Name (PRINT):.....

**Important notes: (tick if applicable)**

- The patient has withdrawn consent (ask patient to sign/date here) .....
- See also advance directive/living will

Copy accepted by patient: yes / no (please circle)

<b>For staff use only:</b>
<b>Surname:</b>
<b>First names:</b>
<b>Date of birth:</b>
<b>Hospital no:</b>
<b>Male/Female:</b>
<b>(Use hospital identification label)</b>

**Statement of patient**

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you. **You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.**

Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

**Please read the following:**

**I understand** that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

**I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.

**I understand** that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

**I have been told** about additional procedures which may become necessary during my treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**

**I understand** that any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.

**I understand** that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.

**I understand** that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

**Please tick boxes to indicate you either agree/disagree to the three points below.** Yes No

**I agree** that tissue (including blood) not needed for my own diagnosis or treatment can be used for **research which may include genetic research.** If you wish to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital.

**I agree** to the use of photography for the purpose of diagnosis and treatment.

**I agree** to anonymised photographs being used for medical teaching.

**I confirm** that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

**Patient's signature:**..... Date: .....

**Name (PRINT):** .....

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

**Witness' signature:**..... Date: .....

**Name (PRINT):** .....

**Confirmation of consent** (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature Date: .....

Name (PRINT): ..... Job Title: .....