

Patient agreement to investigation or treatment

Total abdominal hysterectomy with or without bilateral salpino-ophorectomy (TAH +/- BSO)

Authors: Gynaecology

Brief description:

- This procedure involves removal of the womb (uterus) and neck of the womb (cervix). If indicated you may also have the removal of the fallopian tubes and/or the ovaries.
Indication: Heavy periods/fibroid uterus / endometriosis (womb lining found outside the womb).
- 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>
- Guidance for health professionals can be found on the Addenbrooke's intranet site
<http://nww.addenbrookes.nhs.uk/consent>
- Remember, you can change your mind about having the procedure at any time even after you have signed the form.

For staff use:

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

.....
.....

About total abdominal hysterectomy

The aim is to remove the uterus (womb) cervix (neck of the womb) through a 10 cm cut in your lower abdomen. This operation is to stop menstruation (periods). It may also improve any pressure symptoms you may have in addition to relieving the symptoms caused by endometriosis if you have the condition. A hysterectomy will leave you infertile (unable to carry a baby) and potentially may affect you emotionally. Occasionally there are technical difficulties which may mean we are unable to remove the cervix (Sub-total hysterectomy).

Additional procedure: Bilateral salpingectomy (removal of the fallopian tubes) and/or bilateral salpingo-oophorectomy (BSO) – the removal of both ovaries and/or fallopian tubes if damaged or diseased. If you have not already done so this will cause you to have an early menopause (change of life). The implications of this will be discussed with you by your team and the possibility of prescribing you Hormone Replacement Therapy (HRT).

Preparing for your operation

- You should maintain a sensible diet. Daily exercise in the run up to the operation will improve your recovery. A 30 minute brisk walk, three to four times a week should be sufficient. Swimming is a good alternative. Avoid alcohol and cigarettes in the month before the operation.
- Discuss the operation with your General Practitioner and get him/her to review your medications. Medications such as low dose aspirin, non-steroidal anti-inflammatories (such as Ibuprofen, Diclofenac) need to be stopped at least seven days before the operation. Blood thinning medications such as Warfarin need to be converted to an alternative drug before the operation. If you are on high blood pressure medication you should arrange to have your blood pressure checked by your General Practitioner.
- If you have any symptoms of a cold or flu in the days leading up to the operation you must let your surgeon know as this may necessitate the cancellation of your operation. It is very dangerous to undergo surgery if you have any sort of infection.
- In the two days before the operation take plenty of fluids. Ensure that you drink at least 1.5 to 2 litres of fluid in the two days before the operation. It is important to avoid dehydration in the days before the operation.

Before your procedure

- You will be seen at the pre-admission outpatient's clinic by the preadmission sisters and usually you will see one of the consultants or senior trainees.
- 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.

- You will be asked if you are taking any tablets or other types of medication - these might be ones prescribed by a doctor or bought over the counter in a pharmacy. It helps us if you bring details with you of anything you are taking (for example: bring the packaging with you). If you are taking any hormone-replacement treatment (HRT) or tamoxifen we will ask you to stop this approximately two weeks prior to surgery, if appropriate.
- 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 at least a day but sometimes up to three days. If you have problems with the operation or require further treatment you might need to stay in for longer.
- If you are not diabetic, you will be provided with nutritional carbohydrate drinks in the pre-admission clinic. These nutritional drinks are to be drunk in the 24 hours leading up to your surgery. These drinks help your wounds heal faster, reduce the risk of infection and help your recovery overall.

Hair removal before an operation

For most operations, you do not need to have the hair around the site of the operation removed.

However, sometimes the healthcare team may need to remove hair to allow them to see or reach your skin. If the healthcare team consider it is important to remove the hair, they will do this by using an electric hair clipper, with a single-use disposable head, on the day of the surgery.

Please do not shave the hair yourself, or use a razor for hair removal, as this can increase the risk of infection to the site of the operation.

If you have any questions, please ask the healthcare team who will be happy to discuss this with you.

References:

NICE clinical guideline No 74: Surgical site infection (October 2008); Department of Health: High Impact Intervention No 4: Care bundle to preventing surgical site infection (August 2007)

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 a single cut about 10 cms in length made in the lower part of your abdomen (tummy).
- 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 will be left in overnight and removed the next day.

- Dissolvable stitches or staples are used to close the skin wound at the end of the operation; if staples are used, these may be removed seven to eight days after your operation.

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 in addition to checking your wound and assessing any vaginal loss. Vaginal bleeding is normal and expected following a hysterectomy. 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. You can start eating after about 12 hours of surgery.
- **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 a day but sometimes up to three days. 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 a fortnight or so within the fortnight after your operation. Often you will want to wait a little longer before resuming more vigorous activity. You are advised not to drive for four weeks but you must check with your insurance company.
- **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 usually not 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

- **Total Abdominal Hysterectomy:** We aim to remove the uterus (womb) and cervix (neck of the womb) to stop menstruation (periods).

- Total Abdominal Hysterectomy and Bilateral Salpingo-Oophorectomy: We aim to remove the uterus (womb), cervix (neck of the womb) and both ovaries and fallopian tubes. This is to stop menstruation (periods) and any hormonal activity.
- This operation is sometimes used to treat chronic pelvic pain. However, the benefit of this is uncertain and this will be discussed with you.
- There may be an improvement in any pressure symptoms you may be having.
- There may be an improvement in sexual function

Who will perform my procedure?

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

Alternative procedures that are available

- Alternative to this surgery is to decide not to have surgery and the implications of deciding not to have surgery will be discussed with you.
- Medical and other treatments will have been discussed with you if appropriate. This may be in the copy of the letter from your previous outpatient appointment when you had discussions with your team.

Serious or frequently occurring risks

If you have a pre-existing medical condition, are obese, have significant pathology or have had previous surgery the quoted risks for serious or frequent complications will be increased.

The table below is designed to help you understand the risks associated with this type of surgery (based on the RCOG Clinical Governance Advice, Presenting Information on Risk)

Term	Equivalent numerical ratio	Colloquial equivalent
Very common	1/1 to 1/10	A person in family
Common	1/10 to 1/100	A person in street
Uncommon	1/100 to 1/1000	A person in village
Rare	1/1000 to 1/10 000	A person in small town
Very rare	Less than 1/10 000	A person in large town

Serious risks

Serious risks include:

- The overall risk of serious complications from abdominal hysterectomy is approximately four women in every 100 (common).
- Damage to the bladder and/or the ureters (seven women in every 1000) and/or long-term disturbance to the bladder function (uncommon).
- Damage to the bowel: four women in every 10 000 (rare).
- Haemorrhage requiring blood transfusion, 23 women in every 1 000 (common).

- Return to theatre because of bleeding/wound dehiscence, and so on: seven women in every 1000 (uncommon).
- Pelvic abscess/infection: two women in every 1000 (uncommon)
- venous thrombosis or pulmonary embolism, four women in every 1000 (uncommon)
- Risk of death within 6 weeks, 32 women in every 100 000 (rare).

The main causes of death are pulmonary embolism and cardiac disease.

Frequent risks

Frequent risks include:

- Wound infection, pain, bruising, delayed wound healing or keloid formation.
- Numbness, tingling or burning sensation around the scar this is usually self-limiting but it could take weeks or months to resolve).
- Frequency of micturition (urinating) and urinary tract infection.
- Ovarian failure (early menopause).

Any extra procedures which may become necessary during the procedure

- Blood transfusion.
- Repair to bladder, bowel or major blood vessel.
- Oophorectomy (removal of the ovaries) for unsuspected disease.

Incidental risk

Sexual function may be affected by your surgery your Consultant will discuss this with you prior to the procedure.

Information and support

You might be given some additional patient information before or after the procedure such as 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 Sisters**

Monday to Friday 07:00 to 14:30 hours

Telephone 01223 586847 (internal ext 6847)

E-mail: preadmission.nurses@addenbrookes.nhs.uk

The Pre Admission Sisters will be available in the office between 07:00 to 09:00 hours.

Otherwise please leave a message on the answer machine and your call will be returned.

- **Inpatient Gynaecology Ward**

01223 348544 at any time.

- **Daphne Ward**

Monday to Friday 08:00 to 20:30, Weekends 08:30 to 14:00, closed Bank Holidays

01223 217636

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 the name given to medication (drugs) given to you some hours before your operation. These drugs may be given as tablets, injections or liquids. They relax you and may send you to sleep. They are not always given.

Do not worry if you do not have a pre-med, your anaesthetist has to take many factors into account in making this decision and will take account of your views on the topic if possible. 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

In 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.



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



Document history

Authors	Gynaecology Department
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Consent Form (Adults)

Patient agreement to
investigation or treatment

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

Responsible health professional/job title

.....

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

Name of proposed procedure or course of treatment

- Total Abdominal hysterectomy (TAH)
- Total abdominal hysterectomy and bilateral salpingo-oophorectomy (TAH+BSO)

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:

- The intended benefits of the procedure: As outlined in the attached document
- Any serious or frequently occurring risks from the procedures including those specific to the patient: As outlined in the attached document
- 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: Total Abdominal hysterectomy (TAH)
Total abdominal hysterectomy and bilateral salpingo-oophorectomy (TAH+BSO)

..... Version 3/Date October 2011/Ref: 2 CF254

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)

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.**

For staff use only:

Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

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. Yes No

I agree to the use of photography for the purpose of diagnosis and treatment. Yes No

I agree to anonymised photographs being used for medical teaching. Yes No

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: