

LAPAROSCOPIC SUPRACEVERVICAL HYSTERECTOMY
Addendum to the authorization for surgical treatment

Complications and consequences have been discussed. I understand that the risks include, but are not limited to, the following:

- Pain (immediately afterwards, delayed, long term)
- Excessive bleeding, possibly requiring blood transfusion (and its risks of infection or transfusion reaction)
- Surgical infection
- Damage to abdominal/pelvic organs such as bladder, ureters, bowel, blood vessels, nerves possibly requiring further surgery or therapy at the time of the operation or at a later date
- Formation of blood clots in the legs and subsequent risk of pulmonary embolism
- Wound breakdown and bleeding in the vagina
- Formation of internal scar tissue (adhesions) causing pain, bowel obstruction, or difficulties with future surgeries
- Need for an abdominal incision to perform or complete the operation
- Risk of anesthesia
- Failure of procedure to cure the problem
- Continued monthly spotting or bleeding
- Urinary complications such as fistula formation, incontinence, or retention
- Prolapse of the vagina or cervix
- Continued need for cervical cancer screening (Pap smears)
- Other:

I acknowledge that I have read and fully understand the above complications and risks, and that all of my questions have been answered to my satisfaction.

Signature

Date

Witness

Date

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