Fibroid and Pelvic Wellness Center of Georgia
Soyini Hawkins, MD, MPH

Surgical Consent

Name: **DOB**: **Date**:

Consent Details

Your doctor has recommended surgery as an option for you in hopes of relieving certain symptoms and/or problems about which you have complained. This is an introduction to what you can expect from this surgery.

Procedure

Diagnostic Hysteroscopy, and Endometrial Ablation

Heavy or irregular bleeding is a common problem for women in their reproductive years. The menstrual cycle is designed to prepare a healthy endometrial lining for a fertilized egg to grow. Alterations in the menstrual cycle and irregularities in the lining of the uterus (such as adenomyosis, polyps or fibroids) can lead to episodes of vaginal bleeding that are unpredictable, heavy, and cause significant discomfort.

Irregular uterine bleeding during your reproductive years is rarely due to uterine cancer. Uterine cancer is more common in older women than in younger woman, and in women with continuously high estrogen (obesity, medications, etc.). It is, however, important that the cause of bleeding be investigated and treated. Most cancers of the uterus, when discovered early in their development, can be cured.

There are several tests Dr. Hawkins may perform to investigate the cause of your abnormal uterine bleeding prior to initiating treatment or continuing unsuccessful treatments. Many times, it is necessary to sample the endometrium (with an endometrial biopsy or D&C) to look for concerning over growth (hyperplasia) or malignancy (cancer) of the lining. Visualization of the contour and any irregularities of the uterine lining can be accomplished with ultrasound, x ray or direct visualization using a hysteroscope.

After successfully excluding regularities of the uterine lining and shape of the cavity, Dr. Hawkins may begin medical treatment. Medical treatment of heavy bleeding commonly involves the combination of hormone therapy (estrogen and progesterone), anti-inflammatory medication, and occasional medication to cause “medical menopause”. This approach is usually very effective, but when medical treatment fails the next step typically involves surgery.

Surgical treatment for heavy and excessive bleeding includes dilation and curettage (D&C), endometrial ablation, and hysterectomy. D&C can be a useful procedure to treat sudden heavy bleeding that has resulted in severe anemia, however, for most women it offers no long-term improvement. Approximately 600,000 hysterectomies are performed each year in the US. Almost half of these are done for abnormal bleeding. For women who wish to preserve the uterus, who wish to avoid major surgery, or are at increased surgical risk (from other conditions), but who are finished with childbearing, endometrial ablation, the destruction of the lining of the uterus, is an alternative to hysterectomy. This procedure is performed as an outpatient procedure. Most women have a rapid recovery with little discomfort and are able to return to normal activities in the following days. Women who wish to preserve fertility or who have significant menstrual pain are not candidates for endometrial ablation and should consider alternative treatments.

The vast majority of women (90%) are pleased with the results of their procedures, though only some (60%) will have a complete absence or uterine bleeding after an ablation. The remainder will have lighter, more manageable periods. A small percentage (~10%) have failure of the operation and continue to have heavy cycles when adenomyosis is present.

Post Procedure

Recovery from an ablation is rapid and most women will go home within 1 to 2 hours of the procedure. You may have some discomfort and cramping following the procedure. It is not necessary for you to plan time off from work or your normal activities beyond the day of surgery or beyond a few hours after the in-office procedure. It is normal to have some bleeding and discharge for one- two weeks following an ablation. It is suggested that use menstrual pads to maintain hygiene and protect your clothes. Please refrain from intercourse, douching, and tampon use for 4 weeks following an operative hysteroscopy. Medications, such as ibuprofen or Naprosyn, are usually all is needed for the cramping you may have after your procedure. Dr. Hawkins will prescribe antibiotics if necessary. If any side effects occur, contact our office immediately.

Expectations of outcome

Endometrial ablation is an alternative to hysterectomy for women with abnormal uterine bleeding.

90% of women will be pleased with the results.

60% of women have complete absence of uterine bleeding

40% have decreased bleeding

1 in 4 will have a hysterectomy within four years of treatment

Possible Complications of the Procedure

All surgical procedures, regardless of complexity or time, can be associated with unforeseen problems. They may be immediate or even quite delayed in presentation. While we have discussed these and possibly others and your consultation, we would like you to have a list so that you may ask questions if you still have concerns. Aside from anesthesia complications, and the unlikely risk of death, it is important that every patient be aware of all possible outcomes, which may include but are not limited to:

Perforation of the uterus: A perforation is a hole in the wall of the uterus. This can occur when the dilator or hysteroscope is pushed too far and enters into the wall of the uterus. Perforation of the uterus may be self-limiting and simply mean the procedure must stop and be completed with a repeat operation in a few weeks or it can lead to injury of other structures and organs within the abdomen (blood vessels, nerves, intestines and bladder) bleeding or infection. This is not common; however, many require another operation to be treated appropriately.

Bleeding/Discharge: Most women will have watery or bloody discharge for several weeks following ablation. If you develop a foul smelling vaginal discharge, please contact our office.

Pelvic infection: Endometrial ablation involves placement of instruments through the vagina and cervix into the uterus. Because of this, it is possible to introduce the microorganisms (such as bacteria or yeast) from the vagina into the uterine or abdominal cavity. Many micrograms are normally present a vagina and cause no infection or other symptoms. However, when the same microorganisms are present within the pelvis or cavity of the uterus, a more serious infection can be the result. Signs of infection that you should watch for are: foul smelling discharge, tenderness, or pain in the vagina and pelvic for more than two days, significant bleeding, fever, chills, nausea, vomiting, weakness, and feeling ill. You must contact us immediately or go to the nearest emergency room.

Hematometrium: Blood may collect within the uterine cavity if scarring from the procedure prevents its exit. This may lead to cyclic abdominal pain.

Injury to abdominal organs: There is a small risk of injury to the organs surrounding the uterus including but not limited to: the bowel, bladder, rectum, and vessels. If injury to adjacent organs is suspected an additional operation may be necessary to assess and manage the possible injury.

Hysterectomy: If uterine bleeding is excessive and unable to be managed with medication and or balloon pressure, a hysterectomy may be needed to control the bleeding and prevent perfusion damage to other organs. This is a very rear complication.

Bleeding: Most women will have a small amount of bleeding following this procedure. If you're bleeding is heavier than your normal period, please call our office. Spotting for the first week or two is normal.

Impaired Detection of Malignancy: Another rare, but possible risk of endometrial ablation is that it may decrease a doctor's ability to make an early diagnosis of cancer of the endometrium. Dr. Hawkins resects the lining of the uterine cavity so all tissue is sent to pathology for microscopic evaluation. This reduces the risk of unrealized uterine cancer.

Fluid Imbalance: In addition to water, fluids used to inflate the cavity of the uterus for hysteroscopy contained dissolved sugars, starches, and salt. These substances give the fluid certain desirable properties for visualization of the uterine cavity. When too much fluid flows from the uterus and enters the abdominal cavity or bloodstream, and "imbalance" in the water content of the blood may result. Careful choice of fluid and monitoring fluid delivery make this and uncommon complication. Strict protocol is used to assure this is quickly recognized and corrected.

Damage to adjacent organs: There is a risk during this surgery of recognized and unrecognized damage to bowel, bladder, nerves, vessels, uterus, fallopian tubes, ovaries, and the kidney tubes (ureters). Often the injury is minor and can be treated with relative ease. In other instances, when the injury is extensive or the repair is complicated, more extensive surgery may be necessary and occasionally other surgical specialists are called to assist.

Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE): In any operation, especially long operations, you may develop a clot in the vein of your leg (DVT). Typically, this presents 2 to 7 days (or longer) after the procedure as pain, swelling, and tenderness to touch in the lower leg (calf). Your ankle and foot may become swollen. If you notice these signs, you should go directly to the emergency room and call our office. Although less likely, this blood clot can move through the veins and block part of the lung (PE). This would present as shortness of breath and possibly chest pain.

Chronic pain: As with any procedure, a patient can develop chronic pain in the area that has undergone surgery. Typically, the pain disappears overtime, although some feeling of numbness may persist. If persists, further evaluation may be necessary.

Lower Extremity Weakness/ Numbness: This, too, is a rare event that may arise due to your positioning on the operating table. It is possible with the procedures in which you are

in the lithotomy (legs up in the air) for a long time. The problem is usually self-limited, with a return to baseline expected.

Urinary Tract Infection or sepsis: Although we may give you antibiotics prior to and after the operation, it is possible for you to get an infection. The most common type is a simple bladder infection that presents with symptoms of burning urination, urinary frequency, and a strong urge to urinate. This usually resolves with a few days of antibiotics. If the infection enters your bloodstream, you may feel very ill. This type of infection can present with both urinary symptoms and any combination of the following: fevers, shaking chills, weakness, or dizziness, nausea and vomiting. You may require a short hospitalization for intravenous antibiotics, fluids, and observation. This problem is more common in diabetics, patients with long term steroids, or in patients with disorders of the immune system.

You are consenting to the surgery mentioned above considering these risks. All questions were answered to your satisfaction. You are also consenting to the use of videotaping or pictures for educational purposes only.

_____	_____
Signature of person giving consent (patient)	Signature of person obtaining consent
_____	_____
Name of person giving consent (patient)	Name of person obtaining consent