

Informed Consent for Myomectomy- Abdominal/Laparoscopic/Hysteroscopic

Name:	Age (in years):	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
UHID No./Registration No.:		
Interpreter Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Consultant's Name:	

Medical Condition

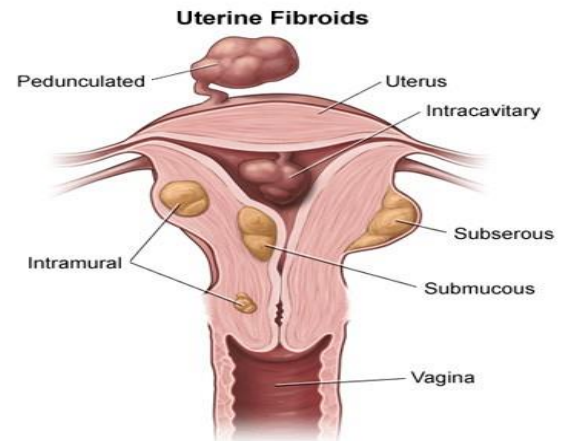
The doctor has explained that I/my child/myhave the following medical condition:
.....
and I/my child/my.....have been explained and advised to undergo the following treatment/procedure:
.....
I authorise Dr. and his/her associates to perform the above treatment/ procedure.
The doctor should document the site and/or side where relevant to the procedure:.....

Introduction

A fibroid is a non-cancerous growth that develops in or around the womb (uterus). The growths are made up of muscle and fibrous tissue and vary in size. They are sometimes known as uterine myomas or leiomyomas.

A myomectomy is an operation performed to remove fibroids from the muscular wall of the uterus. The kind of myomectomy performed depends on the type, size, number and location of the fibroids. The surgery will be performed under general anaesthesia. It may include:

- **Abdominal myomectomy** – This procedure is used to remove fibroids that are large, numerous or deeply embedded in the uterus. The doctor will access the uterus through an incision (cut) made in the lower part of the abdominal wall. In some cases, the incision may be made vertically in the midline of the abdomen. The doctor will surgically remove the fibroids and will close the incisions in the uterus, abdominal wall and skin with sutures (stitches).
- **Laparoscopic (keyhole) myomectomy** – This procedure is used to remove only some types of fibroids. The doctor will insert a fine tube (laparoscope) through a small cut made in the abdomen. Carbon dioxide will be pumped into the abdomen to open the space, which will help the doctor visualise the organs. The doctor will insert instruments to examine the organs inside the abdomen and pelvis using a camera and video monitor. The doctor will surgically remove fibroids and will close the incisions in the uterus, abdominal wall and skin with sutures (stitches).
- **Hysteroscopic myomectomy** - in this procedure, a telescope (hysteroscope) will be passed through the vagina and cervix into the uterus. No incision (cut) is required on the body for this procedure. The doctor/ clinician will then be able to look inside the uterus for fibroids and other conditions, such as polyps. The doctor will cut the fibroids using an instrument designed for this purpose (For example: A resectoscope) and will remove the fibroid tissue through the cervix. **Note:** Only women with submucosal fibroids are eligible for this type of myomectomy. Fibroids located within the uterine wall cannot be removed with this technique.



Procedure Name: Abdominal myomectomy Laparoscopic myomectomy Hysteroscopic myomectomy

Risks and Complications (To be documented by doctor)

Common Procedure Specific Risks	In Abdominal Myomectomy	In Laparoscopic Myomectomy	Patient Specific Risks (To be documented by doctor)
<ul style="list-style-type: none"> • Haemorrhage • Injury to the uterus • Damage to the nearby organs of the urinary system • Formation of scar tissue (adhesions) within the uterus • Infection • Blood clots 	<ul style="list-style-type: none"> • Postoperative infection • Wound infection • After a myomectomy, the doctor may recommend a caesarean section (C-section) for the delivery of future pregnancies • New fibroids can develop resulting in recurrent symptoms and additional procedures 	<ul style="list-style-type: none"> • Injuries to internal organs and bleeding • New fibroids can grow resulting in recurrent symptoms and additional procedures • Conversion of the procedure to “hysterectomy” (removal of the uterus) or to 	1) 2) 3) 4)

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- Eventual re-growth of fibroids
- Others, if any specify:

- Conversion of the procedure to “hysterectomy” (removal of the uterus) might occur
- Others, if any specify:

“abdominal myomectomy” might occur occasionally depending on the intra operative findings

- Others, if any specify:

5)

In Vaginal Hysterectomy

- Cramping and light bleeding after the procedure
- Conversion of the procedure to “open myomectomy” might occur occasionally depending on the intra operative findings
- Fluid overload
- Perforation of the uterus
- Sometimes there might be the need of a second sitting to complete the resection of the big fibroid
- Conversion of the procedure to “hysterectomy” (removal of the uterus) might occur occasionally in case of excessive bleeding which is not being able to manage with routine measures.
- Others, if any specify:

Consent for Blood Transfusion

Please see Blood Transfusion Consent Form. This will give you information about the type of the blood products, benefits and risks of blood transfusion. If you have any concern(s), please discuss with your doctor.

Consent for Anaesthesia

Please see Anaesthesia Consent Form. This will give you information about the type of the anaesthesia, its benefits and general risks. If you have any concern(s), please discuss with your anaesthetist(s).

Benefits (To be documented by doctor)

- Your womb will be left intact and you may still be able to have children.
- To improve fibroid symptoms.
- Laparoscopic myomectomy is less invasive than other surgical options resulting in small abdominal scars and little scarring inside the womb.
- Others, if any specify:

Alternatives (To be documented by doctor)

- Hysterectomy
- Uterine artery embolization
- Magnetic resonance-guided high-intensity focused ultrasound (MRgHIFU)
- Others, if any specify:

Specific Notes Related to Procedure (Strike out if not required)

Precise Action Points Understood by the Patient/Substitute Decision Maker (To be documented by patient/substitute decision maker in his/her language)

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Patient's Authorisation

- The doctor has explained my medical condition and proposed treatment/procedure. I have been explained and have understood the risks known to be attached with the planned treatment /procedure including the risks that are specific to me and their likely outcomes.
- The doctor has explained other relevant/alternate treatment options and their associated risks. The doctor has also explained the risks of not having the procedure. I have been given the choice to take a second opinion.
- I was able to ask questions and raise concerns with the doctor about the procedure and its risks and my treatment options. My queries and concerns have been discussed and answered to my full satisfaction.
- I understand that the treatment/procedure may include blood/blood product transfusion (for which a separate consent shall be obtained).
- The doctor has explained the requirement for anaesthesia for this procedure and I understand the risks associated with anaesthesia, including the risks specific to me (for which a separate consent shall be taken).
- I understand that if organs or tissues are removed during the surgery that these may be retained for tests and shall be disposed of sensitively by the hospital as per the regulatory provisions.
- The doctor has explained and it has been agreed to me that if immediate life-threatening events occur during the treatment/procedure, they will be treated according to the prevalent medical norms.
- It has been explained to me, that during the course of or subsequent to the operation/procedure, unforeseen conditions may be revealed or encountered which may necessitate urgent surgical or other procedures in addition to or different from those contemplated. In such exigency, I further request and authorise the above named physician / surgeon or his designee to perform such additional surgical or other procedures as he or they consider necessary or desirable in my interest. I understand and agree that in such condition there will be no requirement of any additional consent from me or my family members/attendants.
- I declare that no guarantee of whatsoever nature has been given by anyone as to the results that may be obtained.
- I understand that I have the right to refuse treatment or withdraw consent at any time. I agree that any such refusal/withdrawal shall be in writing and acknowledged by the hospital. And I shall be solely responsible for the outcome of such refusal.

- I consent to if any photographing or television of operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes. However, suitable precautions shall be taken by the hospital that my identity is not revealed anywhere. Yes No
- For purposes of advancing medical education, I consent to the admittance of observers to the operating room. Yes No

Patient Name:		Signature:		Date and Time:
Substitute Decision Maker Name:	Relationship:	Reason (patient is unable to give consent because):	Signature:	Date and Time:
Witness Name:	Relationship:		Signature:	Date and Time:
Interpreter Name:	Translation given in:		Signature:	Date and Time:

Declaration by the Doctor

I have explained the patient's condition, the procedure and the risks, likely consequences if those risks occur and the significant risks and problems specific to this patient. I have given the patient/ her husband an opportunity to ask questions about any of the above matters and raise any other concerns, which I have answered as fully as possible. I am of the opinion that the patient/her husband has understood the above information.

Name and Signature of the Doctor with Reg No:

Date and Time: