

**Surgical Risks**

There are risks associated with all types of surgery. Even with precautions, all surgeries carry a risk of adverse outcome. It is important to be aware of these risks and carefully weigh the risks and benefits of surgery. Your physician is the best person to help you with this process and we want you to be an active participant in the decision-making process. If you are undecided about surgery after having your questions answered, you should seek a second opinion.

Please review the following and discuss any questions or concerns you may have with your healthcare provider.

* **Anesthesia-related risks** – these risks range from minor complications such as sore throat to more serious outcomes such as stroke or even death. Unexpected reactions can occur to any drug or anesthetic given. Anesthesia-related risks are higher in patients with underlying health problems and smokers. Patients who smoke should consider delaying surgery until several weeks after they have been able to stop smoking.
* **Bleeding** – Almost all surgeries are associated with some bleeding. If a blood transfusion becomes necessary, it will be discussed with you, except in an emergent situation. All blood used for transfusion is screened for Hepatitis and the Human Immunodeficiency Virus (HIV). The risk of becoming HIV positive from a blood transfusion is extremely low, approximately 1 in 500,000. The risk of contracting Hepatitis from a blood transfusion is 1 in 10,000. Patients often ask about donating their own blood in advance. In order to do so, you would need to donate blood one month before surgery to allow your body sufficient time to rebuild the red blood cells. This option is only practical when there is a significant chance that you will lose a large amount of blood during surgery and the surgery can be planned several weeks in advance.
* **Infection** – Certain operations are associated with a higher risk of infection. In some cases, you will receive antibiotics just before surgery. Receiving antibiotics or having a surgery that does not require antibiotics beforehand will not guarantee that infection will not occur.
* **Post-Operative Symptoms** – most surgeries are associated with post-operative pain. You will receive pain medication to help relieve discomfort. Nausea, vomiting, gas pains and headaches may also occur. Patients that are well-prepared for surgery seem to tolerate these discomforts better.
* **Poor healing & scarring that requires further surgery** – the expected outcome for every patient is improvement after surgery, but that cannot be guaranteed. Patients with diabetes or overweight patients are at increased risk of poor healing. Poor healing can require additional surgery. Almost all surgeries are associated with internal or external scarring. Internal scars are called adhesions and can lead to bowel obstruction, infertility, and/or chronic pain. Complications that arise during the operation can require more extensive surgery than anticipated or lead to subsequent surgeries.
* **Injury to pelvic structures** – structures in the pelvis such as the uterus, fallopian tubes, ovaries, bladder, ureters, small intestine, blood vessels and nerves can inadvertently be injured during a surgery. Most injuries do not result in permanent problems but the possibility does exist.
* **Blood clots** – Surgery carries the risk of forming blood clots. If a blood clot breaks off and travels to the lungs, it could be fatal. If you have a major surgery, we will take precautions that will decrease, but not eliminate, this risk.
* **Sexual activity** – most gynecological surgery requires a period of abstinence from sexual intercourse during the postoperative period. Most patients, even after hysterectomy, do not feel that their sex life is adversely affected. Some patients, however, report changes in the quality of orgasm or decreased libido.
* **Urinary difficulties** – many patients cannot urinate immediately after surgery. A catheter is often placed in the bladder to keep it drained. Some types of vaginal surgery may require a catheter to remain in place for many days or weeks.
* **Pregnancy** – there is a 1% risk of pregnancy after tubal ligation. If pregnancy does occur, there is an increased risk of ectopic pregnancy. Some women report menstrual cycle changes after tubal ligation. Some women regret their infertility as well.

I have read this form and had the opportunity to ask questions.

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