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INFORMED CONSENT AND REQUEST FOR HYSTERECTOMY

I, _____, request Dr PJ Geysers and his associates / assistants to perform upon me (circle):

1. Removal of uterus (womb)
2. Possible removal of tubes and/or ovaries
3. Possible removal of appendix.

Diagnosis and procedure: The following has been explained to me in general terms and I understand that:

My condition has been diagnosed as: _____

The nature of the procedure is: Diagnosis and surgical treatment according to diagnosis.

General Risks of surgery: As a result of the performance of this procedure there may be general risks of: *INFECTION, ALLERGIC REACTION, DISFIGURING SCAR, SEVERE LOSS OF BLOOD, LOSS OF FUNCTION OF ANY LIMB OR ORGAN, PARALYSIS, PARAPLEGIA OR QUADRIPLEGIA, BRAIN DAMAGE, CARDIAC ARREST OR DEATH.* In addition to these general risks, there may be other possible risks involved in this procedure. These risks and/or complications may include but are not limited to such complications as:

1. Injury to the bowel, bladder or ureter, which could result in formation of a fistula (an opening between bowel, bladder, ureter, vagina and or skin)
2. Need for a colostomy or a second operation to repair any of the above injuries.
3. Possible need for hormones.
4. Blood loss necessitating transfusion, which carries the risk of exposure to AIDS or hepatitis virus.
5. Pelvic pain due to adhesions, scar tissue or residual ovary.

Alternative forms of treatment have been explained to me. They include:

- Do nothing and accept the consequences of my present condition.
- Dilatation & Curettage procedure, laser treatment or removal of fibroid tumors.
- Endometrial ablation.
- Hormone therapy.

However I have selected to have a hysterectomy as my method of treatment.

Informed consent: I understand and accept that during the procedure unexpected and unforeseen circumstances may make it necessary to do an extension of the original procedure or another procedure that is not named above. I request Dr PJ Geysers and his associates / assistants to perform those additional procedures that they judge to be necessary.

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I HAVE READ OR HAD THIS FORM READ AND EXPLAINED TO ME AND THAT I FULLY UNDERSTAND ITS CONTENTS.

I have been given ample opportunity to ask questions, and any questions I have asked have been answered or explained in a satisfactory manner. All blanks or statements requiring completion were filled in and all statements with which I disagree were marked out before I signed this form.

I accept that medicine is not an exact science and understand that no guarantees can be given as to the results. Understanding these limitations, I request Dr PJ Geysers and his associated / assistants to proceed with surgery.

Patient: _____ Date: _____