



Phillip Agrusa, MD • Scott Armstrong, MD • Theodore Colwell, MD • John Dufurrena, MD
Jessica Fu, MD • Lee Parsons, MD • Michael Robinson, MD • Harmony Schroeder, MD • Becky Uranga, MD
Jill Dawson, CRNP • Amy English, CRNP • Jen Newman, CRNP MS • Julie Stevens, CRNP

3520 E Louise Dr • Meridian, ID 83642 • phone 208.888.0909 • fax 208.888.5825
315 Elm St, Ste. 310 • Caldwell, ID 83605 • phone 208.454.2035 • fax 208.454.1065
3101 E State St., Ste. 2100 • Eagle, ID 83616 • phone 208.938.2220 • fax 208.938.2235

EXPLANATION OF SURGICAL RISKS

A. *Risks associated with all types of surgery*

1. *Anesthesia Related Risks*

These 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 inpatients who smoke. Patients who smoke should consider delaying surgery until several weeks after they have been able to stop smoking.

2. *Bleeding*

Almost all surgeries are associated with some bleeding. If a blood transfusion becomes necessary, this will be discussed with you except in a life or death situation. All blood used for blood transfusion is screened for hepatitis and the Human Immunodeficiency Virus (HIV). The risk of becoming HIV positive from a blood transfusion is extremely small, 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. This is called being an autologous donor. To benefit from this you would need to donate blood one month before your surgery to allow your body to build the red blood cells up again. This plan is only practical when there is a significant chance that you will lose a large amount of blood during surgery and surgery can be planned several weeks in advance.

3. *Infection*

Infection is always a possibility. Experience has shown that 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 an infection will not occur.

4. *Post-Operative Symptoms*

Most surgeries are accompanied by post-operative pain. You will receive pain medications 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.

5. *Poor Healing...Scarring.....Needing Further Surgery*

It is difficult to predict which patients will heal poorly. Patients with diabetes are at increased risk of poor healing. Patient who are overweight are also at increased risk. The expected outcome for every patient is improvement after surgery, but that cannot be

guaranteed. Sometimes patients need another surgery later on. Almost all surgeries are associated with some scarring which can be external or internal. Internal scars are called adhesions and can lead to bowel obstruction, infertility, and/or chronic pain. In any surgery, findings at the time of the operation or complications that arise during surgery may require more extensive surgery than anticipated or lead to further subsequent surgeries.

B. Risks Associated With Pelvic Surgery

1. Injury to Pelvic Structures

The pelvic structures that could be injured during surgery include, but are not limited to: uterus, fallopian tubes, ovaries, bladder, ureters (tubes connecting the kidneys to the bladder), small intestine, blood vessel, and nerves. Any such injury may require immediate or later surgery. Most injuries do not result in permanent problems but that is a possibility.

2. Blood Clots

Surgery is associated with a risk of forming blood clots. If these blood clots break off and go to the lungs this could be fatal. If you are having major surgery you will receive precautions that will decrease, but not cancel, this risk.

3. Sexual Activity

Most gynecologic surgeries require a period of abstinence from sexual intercourse in the postoperative period. Most patients, even after hysterectomy, do not feel that their sex life is adversely affected. Some patients, however, will report that the quality of orgasm is different or their libido may be decreased.

4. Urinary Difficulties

Many patients cannot urinate immediately after surgery. Often, a catheter is placed in the bladder to keep it drained. Some types of vaginal surgery can require a catheter to remain in place for many days or weeks.

SUMMARY

Even with the best of precautions, all surgeries carry a risk of adverse outcome. It is important that you are aware of these risks and have carefully weighed the risks and benefits of having surgery. Your physician is the best person to help you in this process, but you must be an active participant and inform your physician of any concerns you may have. If you are undecided about surgery after having your questions answered, you should seek a second opinion.

Information Specific to My Surgery: _____

I Have Read This Handout and Have Had The Opportunity To Ask Questions.

Patient's Signature: _____ *Date:* _____

Witness: _____ *Date:* _____