



Obstetrics &
Gynecology

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SURGICAL COMPLICATIONS

The following discussion is a broad coverage of many of the complications that have been reported from gynecologic surgery by gynecologists across the United States.

ANESTHESIA: Careful evaluation and monitoring will be performed by the anesthesiologist, but complications can occur. The anesthesiologist will discuss these with you in advance.

WOUND (INCISION): Occasionally a patient develops a collection of fluid or an infection in the wound. In addition, a hernia, pain, scarring, or permanent numbness may develop in the wound although these are unusual. Rarely, the incision may open requiring another surgery or prolonged wound care.

URINARY TRACT PROBLEMS: Urinary tract infections can occur. Injuries to the urinary tract (bladder or drainage tubes from the kidneys known as ureters) may occur during surgical dissection. Should the problem develop it may require additional surgical repair. A kidney has had to be removed rarely. Certain types of surgery may require prolonged need for an artificial tube to drain the bladder either through the abdominal wall or urethra.

INTESTINAL INJURY: The bowel may be injured during surgical dissection. This is most commonly seen in severe adhesions or severe pelvic endometriosis. The intestinal tract is frequently involved in the dense adhesive process and may be injured during the attempt to restore the pelvic anatomy to normal. It is a major complication and further surgical repair may be required. Occasionally, a colostomy (a connection from the bowel to the abdominal wall) may be required with this complication.

ABNORMAL TRACTS: Very rarely abnormal draining tracts or fistula may develop between the bowel, bladder or vagina. This complication may require surgical repair.

NEUROLOGICAL DAMAGE: Prolonged weakness in the legs or loss of sensation has been reported due to pressure from the surgical retractor in abdominal surgery. If certain nerves to the uterus are divided as part of a pain operation (presacral neurectomy), the patient may experience some decrease in bowel function and some slow return of normal bladder muscle tone. The patient may experience pain or numbness in injection sites in the buttock area when injections are administered for pain. This usually returns to normal several weeks after but it can be permanent.

HEART AND BLOOD VESSEL PROBLEMS: Clots may develop in the veins of the pelvis and lower extremities. These are potentially serious because they can travel to the lungs. This occurs infrequently, in part due to our policy of early ambulation. Phlebitis can occur at the site of an intravenous line through which medications are administered. This responds to heat and usually resolves in several days or weeks. Occasionally, there may be a permanent, small, firm spot at the site of the IV needle.

MEDICAL PROBLEMS: Postoperative problems such as heart attack, stroke, pneumonia and allergic reactions to medications can all occur and may require intensive medical care.

HEMORRHAGE: Bleeding or hemorrhage can occur during or after the surgical procedure and may require blood transfusions or further surgical care. Very rare instances of blood vessel damage during gynecologic operations have been reported that require major operative repair.

PAIN: After any gynecologic surgery there is no guarantee the patient will experience pain relief. You may also have different pain that previous to surgery.

POSTOPERATIVE PAIN: The patient may experience pain at the incision site or at any site in the pelvic area where surgery is performed or in adjacent areas that share a common nerve supply.

INFERTILITY SURGERY: After any type of pelvic reconstructive surgery for correction of infertility or for ectopic pregnancy there is no guarantee the patient will ever be able to be conceive.

INFECTION: Postoperative infection can occur in the incision, abdomen, bladder, kidney, or lung and may require prolonged antibiotics in the hospital or further surgical procedures.

SCAR TISSUE: Adhesions or scarring may occur in the abdomen causing bowel obstruction. Chronic pain can develop from adhesion formation and if any clips are placed, these have been known to move from the surgical site. If mesh implants are used you could have infection or erosion of the mesh into other organs necessitating removal.

INCOMPLETE TISSUE REMOVAL: Complete removal of all intended surgical tissue may not be achieved. Examples: endometrial lesion, vulvar lesion, ovary, cervix, uterus.

DEATH: Each year, a few deaths are reported throughout the United States associated with gynecologic surgery. Fortunately, these are rare, but these procedures must be regarded with respect.

COMPLICATIONS: Should medical or surgical complications occur you may require prolonged hospital care or consultation with other specialists. These problems may result in additional medical costs and time off work with resulting loss of income. Sexual intercourse is prohibited normally for six to eight weeks after a major operative procedure. This time may be extended even longer if complications occur. We have a Group Medical Practice. You may have another member of the group care for you if post operative complications occur.

I have read the above complications and understand and accept the risks associated with the surgical procedure I am scheduled to undergo. All questions have been answered to my satisfaction.

Patient Printed Name: _____ Date of Birth: _____

Patient Signature: _____ Date: _____

Physician Signature: _____ Date: _____