

**DEPARTMENT OF HEALTH SERVICES**  
**COUNTY OF LOS ANGELES****SUBJECT:** NON-ELECTIVE HYSTERECTOMY POLICY**POLICY NO.** 309.1

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**PURPOSE::** To ensure that all female patients receive the same information about the "unintended" consequences of a non- elective hysterectomy as those who are scheduled for an elective hysterectomy.

**POLICY::** The Non-Elective Hysterectomy Procedure Form is to be used whenever a "possible Hysterectomy" is noted in the surgical consent form. This includes cases in which a hysterectomy is not the primary procedure but there is a reasonable possibility that a hysterectomy may be required. The attending physician is accountable for ensuring that the potential risks of any invasive procedure that may result in a non-elective hysterectomy, including sterility, were discussed with the patient and the discussion documented in the progress notes.

The provider is responsible for completing the Non-Elective Hysterectomy Procedures (Patient's Rights Acknowledgment Form) with the patient.

**PROCEDURES::** Documentation related to operative deliveries or other invasive procedures are as follows:

The medical staff person who will perform the invasive procedure is responsible for explaining all consent forms, and to document the discussion about the possibility of a non-elective hysterectomy in the progress notes.

The Non-Elective Hysterectomy Procedures Form will be required whenever "possible hysterectomy" is noted in the surgical consent form. The patient and/or the patient's representative and physician must sign and date this form. The form is then filed in the medical record.

The Non-Elective Hysterectomy Procedures Form does not replace the forms currently in use for an elective hysterectomy.

**AUTHORITY::** California Consent Manual

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**ATTACHMENT1:** [DHS Policy #309.1 Attachments](#)

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**EFFECTIVE DATE:** Aug 01, 2001

**SUPERCEDES:**

**APPROVED:** Signature on File

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