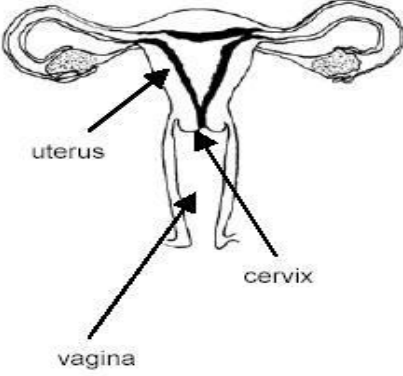


<p>CONSENT FORM FOR</p> <p>EXAMINATION UNDER ANAESTHETIC (EUA), HYSTEROSCOPY, D&C</p>	<p>Med Rec. No: <<Patient Demographics:Record Number>></p> <p>Surname: <<Patient Demographics:Surname>></p> <p>Forename: <<Patient Demographics:First Name>></p> <p>DOB: <<Patient Demographics:DOB>></p>
<p>This means examining the pelvic organs under an anaesthetic, gently stretching the neck of the uterus (womb), inspecting the lining of the uterus using a small telescope (hysteroscopy) and scraping the lining of the uterus out (curettage) to examine it in detail.</p> <p>When the woman is asleep under the anaesthetic, her muscles are fully relaxed, so the surgeon can feel the pelvic organs more easily both vaginally and through the abdominal wall. The uterus is then filled with saline or carbon dioxide and the telescope is used to examine the lining of the uterus. Any abnormalities, such as polyps or adhesions, are removed.</p> <p>The surgeon then uses a curette (an instrument shaped like a long-handled spoon) to scrape out the lining of the uterus. Samples are usually sent for microscopic examination. At the end of the operation the cervix will close again over a few days.</p>	

RISKS

These are the more common risks. There may be other unusual risks that have not listed here. Please ask Dr Rana if you have any general or specific concerns.

I understand there are risks associated with any **anaesthetic**, and I can discuss these with the Anaesthetist. I may have side effects from any of the drugs used. The more common side effects include light-headedness, nausea, skin rash and constipation.

I understand **examination under anaesthetic, hysteroscopy and D&C** has the following **specific risks and limitations**:

- I should expect some cramping abdominal pains after the operation
- I should expect some light bleeding from the vagina for a few days after the operation
- My first period afterwards may be earlier or later than expected and may be heavier than usual.
- If I am having the operation because I have heavy periods, these may return after several lighter cycles.
- My cervix or my uterus (womb) may be damaged during the operation. Although this usually heals by itself, it may need further surgery, via Laparoscopy or Laparotomy, to inspect and repair any damage to bowel, bladder or blood vessels.
- There is a very small risk I may develop an infection in my uterus or tubes with fever, pain and an offensive discharge, and I may need antibiotics. This may have implications for future Fertility.
- Occasionally, women may bleed heavily after the operation, and I may need a transfusion.
- Stretching of the Cervix may lead to cervical incompetence, which in <1% of cases can result in miscarriage or premature birth.
- Electric diathermy, if used, can cause a skin burn. (1%).

I understand some of the above **risks are more likely** if I smoke, am overweight, diabetic, have high blood pressure or have had previous heart disease.

INDIVIDUAL RISKS:

I understand the following are possible significant **risks and complications specific to my individual circumstances**, that I have considered in deciding to have this operation:

.....

.....

DECLARATION BY PATIENT:

- I acknowledge that **Dr Rana** has informed me about the procedure, alternative treatments and answered my specific queries and concerns about this matter.
- I acknowledge that I have discussed with **Dr Rana** any significant risks and complications **specific to my individual circumstances** that I have considered in deciding to have this operation.
- I agree to **any other additional procedures** considered necessary in the judgement of my gynaecologist during this operation.
- I consent to a **blood transfusion**, if needed.
- I agree to the disposal by the hospital authorities of any tissues or parts that may be removed during the operation. I understand that some tissues or samples may be kept as part of my hospital records.
- I have received a copy of this form to take home with me.
- If any staff member is exposed to my blood (needle stick injury) then I consent to a sample of my blood being collected for testing for infectious diseases, such as hepatitis B, C and HIV. I understand that the blood sample will not be tested until I have been informed and I have given my consent.

Signature of Patient		Date	
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If the patient is unable to give consent, a proxy form must be completed and attached.

DECLARATION BY DOCTOR:

- I declare that I have explained the nature of the patient's condition, the procedure to be performed, and discussed the risks that particularly concern the patient.
- I have given the patient an opportunity to ask questions and I have answered these.

Doctor's Signature		Date	
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Doctor's Name <i>(please print)</i>	Dr Ritu Rana
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INTERPRETER'S DECLARATION:

I confirm I have accurately interpreted the contents of this form and the related conversations between the patient and the doctor.

Interpreter's Signature		Date	
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Interpreter's Name <i>(please print)</i>	
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