

<p>CONSENT FORM FOR</p> <p>HYSTEROSCOPY/ D&C/ ENDOMETRIAL ABLATION</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>I consent to Dilatation and Curettage with Hysteroscopy. The opening of the uterus (cervix) is stretched open and the lining of the uterus is sampled to obtain tissue for study. The hysteroscope is a telescope like instrument used to look inside the uterus and possibly remove any abnormal tissue such as fibroids, polyps or scar tissue.</p> <p>I consent to Endometrial Ablation.</p> <p>General, Regional or Local anaesthetic is used.</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.

Complications (major and minor) can occur in up to 5%. They include:

- Electric diathermy (if used) can short circuit and cause a skin burn (<1%)
- An instrument may actually pierce (perforate) the uterus (1.8%). Usually this is not serious, however, bleeding infection and damage to the bladder or bowel is possible. If this occurs there is a remote possibility (1/500) that the doctor may need to inspect the abdomen by making an incision in the abdominal wall and use a small telescope (laparoscope). A large incision (laparotomy) to inspect and repair damage can be necessary (<1/1000)
- Such a perforation of the uterus can cause the uterus to rupture during labour in any future pregnancies. This is very rare (only 9 cases reported worldwide in a 10 year period).
- The opening of the uterus (cervix) can lose its firmness after being stretched open. This condition is called cervical incompetence, and in less than 1% of cases can result in a miscarriage or early birth in future pregnancies.
- Infection in the uterus or tubes could develop (<1%). This may require antibiotics or readmission to hospital.
- During hysteroscopy fluid is used to expand the inside of the uterus. The body absorbs some of this fluid, but rarely (<1/1000) it causes symptoms such as nausea, dizziness or a strain on the heart.

I understand that there is no guarantee that this procedure will improve my current bleeding problems. I also understand that I must not become pregnant after this procedure.

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:

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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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