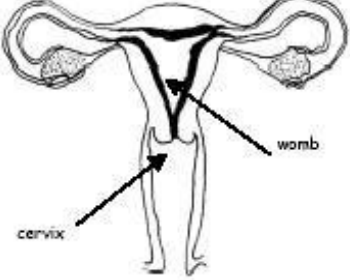


<p><b>CONSENT FORM</b> FOR <b>DILATATION &amp; CURETTAGE (D&amp;C)</b></p>	<p>Med Rec. No: &lt;&lt;Patient Demographics:Record Number&gt;&gt; Surname: &lt;&lt;Patient Demographics:Surname&gt;&gt; Forename:&lt;&lt;Patient Demographics:First Name&gt;&gt; DOB: &lt;&lt;Patient Demographics:DOB&gt;&gt;</p>
<p>After you have been given a general anesthetic, your cervix (the neck of the womb) will be dilated (pushed open) just a few millimetres, and then sterile suction instruments will be inserted inside your womb to remove the pregnancy tissue. The termination procedure usually takes between 5 and 10 minutes to complete. You will then spend some time in the recovery area until you are awake enough to safely go home. Alternatives to the proposed operation include medical termination.</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 surgical termination of pregnancy is one of the safest and commonly performed procedures in Australia.

However it could have 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 cervix may be torn during the operation, and may need stitches to repair it.
- My uterus (womb) may be punctured or torn, and while this will usually heal by itself, I may need further surgery (rarely a hysterectomy – i.e. removal of the womb entirely).
- There is a very small risk I may develop an infection in my uterus with fever, pain and an offensive discharge, and I may need antibiotics.
- Occasionally, if the uterus does not contract fully afterwards, I may need a transfusion because of heavy bleeding.
- A blood clot may collect in my uterus, requiring another operation.
- If this is being done to end a pregnancy, very rarely my pregnancy may not be removed and a further operation is required.
- Some tissue may remain after my operation (retained products of conception) and a further operation is needed.
- Very rarely severe complications could result in infertility or death.

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.

<b>Signature of Patient</b>		<b>Date</b>	
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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.

<b>Doctor's Signature</b>		<b>Date</b>	
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<b>Doctor's Name</b> <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.

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