

CONSENT FORM FOR A HYSTEROSCOPY

A hysteroscopy is an outpatient surgical procedure that allows visualization of the uterine cavity. This procedure allows the diagnosis and treatment of uterine abnormalities that could be a cause of infertility or abnormal bleeding.

PROCEDURE

During the evening before the procedure it is important that you do not eat or drink anything after midnight. When you arrive at the surgical suite, an anesthesiologist will start an intravenous line. You will then be taken to the operating room and the anesthesia will be administered. You will be placed in the same position as you are for a pelvic exam. A speculum is introduced into the vagina and the cervix is visualized. After the cervical canal is dilated, a small telescope-like instrument, called a hysteroscope, is inserted into the uterine cavity. Distension of the cavity with a solution then allows examination of the uterine cavity. If any abnormalities are identified, such as a polyp, fibroid, uterine septum, or intrauterine adhesions, special instruments can be introduced and an attempt can be made to treat the condition. In some cases following the hysteroscopy, a uterine curettage is performed which involves the placement of a small instrument, called a curette, into the uterine cavity, which allows sampling of endometrial tissue.

POST-OPERATIVE CARE

After the procedure has been completed, you will spend a few hours in the recovery room and then be discharged home. Since you may be drowsy following the procedure, it is important that someone is available to transport you home and be with you. It is not uncommon to have some vaginal bleeding and mild lower abdominal cramping following the procedure. You should plan on resting the following day after the surgery. There are no restrictions on showering or bathing. You should refrain from intercourse and douching for one week following the procedure. If during the post-operative course you develop any fever, chills, severe abdominal pain, heavy vaginal bleeding, or any other abnormal symptoms, call your physician immediately. If you should have any difficulty in contacting your physician you should proceed to the emergency department of the nearest hospital.

COMPLICATIONS

Serious complications following a hysteroscopy are rare. One complication from this procedure is perforation of the wall of the uterus. If this occurs, the procedure is stopped and a decision may be made to examine the injury site by a laparoscopy. In most instances, the bleeding at the perforation site is minimal, and the perforation heals without problems. Perforation can result in injury to adjacent organs including the intestines, bladder, ureters, uterus and blood vessels. Injury to these organs could result in a hospitalization and additional surgery to repair the injury. Additional surgery could include a life-saving hysterectomy and/or resection of damaged intestine with a colostomy. Another complication following a hysteroscopy is fluid overload. Fluids are used to distend the uterine cavity to allow the procedure to be performed. Some fluid is absorbed into the blood vessels. The amount of fluid absorbed is followed carefully to avoid fluid overload. Fluid overload can compromise the function of the heart and lungs. In rare cases fluid overload can cause brain injury. Death is a very rare complication following a hysteroscopy. If a significant complication occurs you would be transported by ambulance to a nearby hospital for further treatment.

ACKNOWLEDGEMENT OF INFORMED CONSENT

I acknowledge that I have read and understand this written material. I understand the purpose, risks and benefits of this procedure. I am aware that there may be other risks and complications not discussed that may occur. I also understand that during the course of the procedure, unforeseen conditions may be revealed requiring the performance of additional procedures. I also understand that technical problems with the instrumentation may prevent the completion of the procedure. I acknowledge that no guarantees or promises have been made to me concerning the results of this procedure or any treatment that may be required as a result of this procedure. This procedure has been explained to me in language that I understand. **I have been given the opportunity to ask questions which have been answered to my satisfaction.** I have also considered other options and alternatives. **I consent to the performance of the procedure described above.**

Signature of Patient

Signature of Physician

Printed Name

Date