

Consent for cervical dilatation & uterine curettage (D&C)



- ◆ Please read this form carefully before you have your consultation with the doctor.
- ◆ You should tick or mark the box next to each paragraph to indicate that you have read and understood that section.
- ◆ You will have the opportunity to discuss any specific questions or concerns that you may have when you talk with the doctor
- ◆ Please do not sign this consent form until you have spoken with the doctor.

Name: _____

DOB _____

Overview of treatment:

- After you have been given an intravenous sedation anesthetic, your cervix (the neck of the womb) will be dilated (pushed open) just a few millimetres, and then sterile suction instruments and a surgical curette instrument will be inserted inside your womb to remove any pregnancy-associated tissue or blood clot. An ultrasound scan will be performed before and after the procedure. The 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:

- If a surgical procedure (D & C) is considered necessary for an incomplete miscarriage or to remove retained tissue or blood clot in the womb following a surgical abortion, it is sometimes possible to wait for your body to pass any tissue or clot naturally. However, this may result in continued bleeding or the increased risk of infection.
- It is also possible to take a medication (misoprostol), which will cause the womb to contract and can then cause the expulsion of any tissue or clot from your womb. The success of using this medication is not predictable, and a surgical procedure may still be required. In addition, there is often quite strong cramping pain associated with the use of this medication.

Known possible complications of the proposed operation:

- Retained pregnancy tissue.** This is a condition where small pieces of pregnancy tissue are left in the womb after the operation. This may cause cramping pain, prolonged or heavy bleeding, or infection. This occurs in about 1 in 200 operations and may require a further procedure to clear the tissue that was left behind.
- Clot retention.** A blood clot builds up in the womb, usually in the first few days after the procedure. This can cause cramping pain, and a further procedure may be required to remove the blood clot from the womb.
- Infection.** With modern techniques, an infection following a D & C procedure is uncommon (about 1 in 200 procedures), and you will be prescribed antibiotics to take after your procedure in order to keep the risk of infection even lower. However, it is important that any suspected infection is treated properly to ensure that your future fertility is not affected.
- Bleeding.** Heavy bleeding (over 300mls of blood loss), either during or after the procedure, occurs in about 1 in 500 patients. This can usually be controlled with medications, but in some cases, transfer to a hospital and a blood transfusion may be needed.
- Cervical trauma or cervical stenosis.** The neck of the womb can sometimes be damaged or lacerated during a the operation, and this will usually heal without specific treatment. In addition, a small scar may sometimes form across the cervix after the operation, and this blocks the flow of menstrual blood, making the periods stop, though cramping still occurs. This problem is treated with a dilation of the cervix during another visit to the clinic. Adhesions or scarring to the whole of the womb (Asherman's Syndrome) is a rare complication which may cause infertility.
- Perforation of the uterus.** Perforation means that a hole has been made in the wall of the womb during the operation, and this will happen in about 1 in 500 procedures. This can be a potentially serious complication, but most cases only require observation and do not cause problems in the future. Rare cases may require surgery to repair any injuries, and even more rarely, this may lead to future fertility problems. The use of ultrasound scans reduces the risk of this complication happening.
- Anaesthetic complications.** The anaesthetic medications and some other drugs are given by intravenous injection. These medication carry some risk, including allergic reactions, however these are rare. Drug reactions may be potentially serious, but can usually be treated effectively with no long-term consequences for the patient. It is important that you have had nothing to eat for 6 hours before the procedure and no water to drink for 3 hours before the procedure. You must also tell the doctors about any existing health problems or known allergies.

Heavy smokers and very overweight or obese patients have an increased risk of surgical and anaesthetic complications.

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Additional, unforeseen costs:

- It is sometimes necessary to arrange for additional diagnostic tests or for treatment at another facility by another medical practitioner, in circumstances that were not foreseeable or not known to be needed at the time this consent was given. You will be advised if any such tests or referrals are necessary, but you will be responsible for any costs that may arise if this happens.

Do you have any specific concerns or questions?

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By signing this consent form:

- I am requesting and consenting to a D & C procedure being performed, along with the administration of anaesthetic drugs and other medications normally associated with this procedure.
- I am acknowledging that I have read and understood this consent form.
- I have had the opportunity to ask the operating doctor questions, and I am satisfied with the answers to these questions. I acknowledge that all care will be taken to provide an uncomplicated outcome from my procedure, but that no guarantees or assurances have been made to me concerning the results of this operation.
- I accept all risks, whether stated or unstated, and I understand that complications can occur in any operation or procedure.
- I understand that it is impossible to list every possible adverse outcome or complication that could occur and that surgical procedures are not always successful.
- Having been given anaesthetic medications, I understand that I must not sign legal documents, operate machinery or drive a car until the day following my operation.

Patient signature _____
(to be signed during the consultation with the doctor)

Date ____/____/____

I have consulted with the patient, explained the procedure and answered any of her questions. I believe that she has understood the nature and purpose of the operation and wishes to proceed.

Doctor's signature _____

Doctor's name _____