

Request & Consent for Termination of pregnancy



- ◆ 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 _____

Surgical termination of pregnancy is one of the safest and most commonly performed procedures in Australia. The risks associated with a first trimester abortion are up to ten times less than the risks of childbirth. However, no medical practitioner can provide a guarantee or assurance regarding the outcome of any procedure, and this clinic has an obligation to warn you of the known risks when undergoing a termination of pregnancy, regardless of how unlikely these risks are. It is possible to experience a complication of a severity which could lead to infertility or in very rare cases could even be fatal although complications of this severity are rare and have never occurred at the Private Clinic.

- Description of the surgical termination procedure** - 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 will be inserted inside your womb to remove the pregnancy tissue. An ultrasound scan will be performed before and after the procedure. 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 abortion** - The pregnancy is terminated by taking a combination of medications which stop the pregnancy from developing and then cause the expulsion of the tissue. This is considered an equally safe option however the bleeding is usually heavy and may be painful. The miscarriage takes around 6 hours but bleeding may continue for 2 to 3 weeks. Around 5% of women will require a surgical abortion to complete the process.

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 surgical termination of pregnancy 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. You should always consult your doctor if you experience signs and symptoms of infection such as fever or unusual vaginal discharge.
- 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 surgical termination, 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 known but rare risk which may cause infertility.
- Failed termination procedure.** In about 1 in 500 termination procedures, the pregnancy is not removed and continues inside the womb. This is more likely to happen if your pregnancy is very early or if there are abnormalities in the shape of the womb. It is normal practice to confirm that the procedure has been completed through careful, direct examination of the pregnancy tissue and the use of an ultrasound scan after the operation. If there is any doubt about the result of the operation, we will ask you to have additional blood tests to monitor your hormone levels and confirm that the pregnancy has ended. You should call the clinic immediately if pregnancy symptoms continue or if a urine pregnancy test shows a positive result at more than three weeks after the procedure.
- 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 termination 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.
- Depression or mood problems.** The majority of women do not find an abortion to be emotionally or psychologically harmful, although some women find it stressful or difficult in the short-term. Most women cope well and do not

experience long-term problems. However, depression or mood problems can sometimes occur in situations where emotional support is lacking, when the woman was not completely clear about her decision, when she was feeling pressured into choosing a termination or when there has been a previous history of depression or mental health problems. If you suspect that you are at risk in relation to this issue, you should mention it to the doctor so that a referral for further counselling can be arranged.

- 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. Prior to the procedure you must have had nothing to eat for 6 hours and no water to drink for 3 hours. 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.
- Additional costs** may sometimes be incurred in circumstances that were not foreseeable or not known to be needed at the time this consent was given. This may arise from the need for additional diagnostic tests, referral to another doctor or facility, or for transport by ambulance. You will be advised if any tests or referrals are necessary, but you will be responsible for any costs that may arise.
- Anti-D.** If your blood group is found to be Rh negative, an injection of Anti-D will be given to prevent your immune system from developing antibodies which may harm future pregnancies. Anti-D is manufactured from carefully screened donated blood. Approximately 1 in 6 women will have an Rh negative blood group and will require anti-D.

The clinic will issue you with an aftercare instruction sheet before you leave the clinic. It is important that you read this sheet and follow these instructions carefully. Please contact the clinic immediately or see your GP if you have any concerns about symptoms that you may be experiencing

Do you have any specific concerns?.....
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By signing this consent form:

- I am requesting and consenting to a surgical termination of pregnancy being performed, along with the administration of anaesthetic drugs and other medications normally associated with this procedure.
- I consent to undergoing a vaginal examination and ultrasound scan
- I consent to being given an injection of Anti-D if my blood group is found to be Rh negative.
- I am sure of my decision to terminate the pregnancy.
- 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 the surgery may not always be successful.
- I understand that I must not sign legal documents, operate machinery or drive a car until the day following my operation.
- In the event that additional diagnostic tests are required, or additional treatment is required at an external facility, I consent to the release of any relevant medical reports or test results to the Private Clinic.

Patient Signature _____

Date ____/____/____

(to be signed during the consultation with the doctor)

♦ 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.

♦ It is my opinion that the risk to this woman's physical and/or mental health from a continuing pregnancy is greater than the risk of terminating the pregnancy.

Doctor's Signature _____

Doctor's Name _____

____/____/____