



## INFORMATION AND CONSENT FOR SURGICAL ABORTION

The purpose of this form is to inform you about the surgical abortion procedure that you are considering. You should read this form carefully, and ask any questions that you may have, before you decide whether or not to provide your consent. Your signature below indicates that you have read, understand, and agree with the information in this form. Desert Star Family Planning shall be referred to hereafter as "DSFP".

\_\_\_\_ I, \_\_\_\_\_, have been informed, and understand to my complete satisfaction, the options available regarding my current pregnancy. My options are: (1.) continuation of the pregnancy, (2.) adoption, and (3.) abortion, and I choose to have an abortion to end this pregnancy.

\_\_\_\_ I acknowledge that I am acting on my own behalf, and that my decision to have an abortion is voluntary.

\_\_\_\_ I certify that I am not terminating my pregnancy due to the sex or race of the fetus.

\_\_\_\_ I have received information about the treatments and procedures that may be provided. This information included the risks, benefits, possible problems and complications, and alternatives available to me. I have had the opportunity to ask questions about this information, and may do so at any point if I decide that I need further clarification.

\_\_\_\_ I have been provided with a full explanation of the surgical procedure that will be used for my abortion, and what to expect after the abortion. I have no questions at this time.

\_\_\_\_ I understand that a surgical abortion is a safe procedure. However, I am aware that no guarantees have been made to me, and that complications can occur with any surgical procedure. I have received information about the risks involved, and I feel that the benefits of having the abortion outweigh these risks.

\_\_\_\_ I am aware that, although uncommon, certain complications may occur with abortion procedures performed by qualified and competent medical doctors. The risks that exist include, but are not limited to, the following:

- a. **Heavy bleeding, which may require uterine aspiration:** Very heavy bleeding can occur inside or outside the body during or after the abortion. Treatment depends on the cause of the bleeding and can include but is not limited to observation, medication, hospitalization, transfusion, or further surgery. It is important for you to contact us if you soak 2 or more pads in an hour.
- b. **An incomplete abortion or missed abortion, which may require re-aspiration:** It is possible for part of the pregnancy tissue to still be inside the uterus after the abortion. Incomplete abortion can lead to serious bleeding (hemorrhaging), infection, bleeding longer than 3 weeks, and severe abdominal pain. This is uncommon; however, call us immediately if you have any of these symptoms.
- c. **Infection of the uterus, fallopian tubes, or ovaries:** In a small number of cases the uterus or pelvis could become infected after an abortion. Following your aftercare instructions and taking all the antibiotics we prescribe will help keep your risk of infection low. Medication can treat infection, causing no long-term damage, if the woman seeks medical attention in the early stages of infection. In some cases an infection may be serious enough to cause permanent damage, such as loss of the ability to have children. Call us immediately if you think you have any of these symptoms of infection: bad-smelling vaginal discharge, temperature of 100.4 degrees or above, or severe abdominal pain.
- d. **Perforation or laceration (puncture or tear):** In less than 1% of cases, a tear can occur in the uterus, cervix, bowel, or bladder during an abortion and can result in loss of ability to have children, hemorrhage, or death. Treatment depends on the seriousness and location of the injury. Treatment can include but is not limited to observation, minor surgery, hospitalization, and the removal of the uterus (hysterectomy).

- e. **Post-abortion syndrome:** This is a physical condition occurring when the uterus fills with blood clots that do not pass and create severe cramping. Uterine massage, medication, or repeating the abortion procedure to remove the clots are all possible treatments
- f. **Formation of scar tissue in the uterus (Asherman's Syndrome):** Scar tissue in the uterus can result after an abortion and could create problems with future childbearing. This condition should be considered if menses fail to return after an abortion and you are not pregnant. The frequency of this complication is unknown it but is considered rare.
- g. **Allergic reaction to anesthesia, medications or other products:** In less than 1% of cases, a person can experience a serious reaction such as respiratory arrest (breathing stops), cardiac arrest (heart stops beating), convulsions, or long periods of unconsciousness. Please let us know if you have ever experienced such a reaction before with anesthesia.
- h. **Amniotic fluid embolism or Anaphylactic condition of pregnancy:** This extremely rare, pregnancy-related complication can occur during childbirth, miscarriage, or abortion. Current theory suggests antibodies from the fetus create an allergic reaction in the woman's heart, causing her heart to stop, and resulting in coma or death. It is not predictable or preventable.
- i. **Emotional upset:** Women experience a variety of emotional reactions after an abortion. It is very common to feel relief and/or sadness. It is very rare to experience serious emotional distress (less than 10%), and it is more likely among women who have a pre-existing condition such as depression. Referral for your post-abortion emotional health is available at DSFP.
- j. **Death:** Although there is a risk of death as a result of an abortion, there is also a risk of death from childbirth. The risk of death from childbirth is much greater than from an abortion

\_\_\_\_\_ I authorize DeShawn Taylor, M.D., and her associates or assistants to perform my abortion, as well as any other necessary services. In the event of an emergency, I authorize the doctor to perform any procedure deemed necessary for my well-being.

\_\_\_\_\_ I understand that DSFP has a training program for teaching **licensed physicians** surgical abortion procedures. I agree to be treated by a licensed training physician associated with DSFP,

Dr. \_\_\_\_\_ . (Optional)

\_\_\_\_\_ I have been informed that if I have any problems or need medical advice regarding my abortion, I can seek help at DSFP during normal business hours, and that DSFP staff are also available 24 hours a day by telephone.

\_\_\_\_\_ I understand that if I have any questions or complications, it is my responsibility to contact DSFP. If I should be unable to reach DSFP through their 24-hour answering service, it is my responsibility to seek whatever emergency care is available. Financial responsibility for care not rendered by DSFP is mine; however, any emergency care provided by DSFP is without additional cost to me.

\_\_\_\_\_ I authorize the disposal of any tissue removed, in accordance with applicable state law.

\_\_\_\_\_ I consent to the exchange of medical records between Desert Star Family Planning and any other provider, physician, hospital, or clinic pertaining to my medical treatment.

\_\_\_\_\_ I am fully aware of, and completely understand, all information presented on this consent form. I voluntarily consent to the performance of a surgical abortion procedure. I hereby release DSFP, the attending clinicians, and their staff from any liability or responsibility for any condition that results from performing this procedure.

**The items in this box do not apply to all surgical abortion procedures performed at DSFP. (Please ask a staff member if you are unsure about whether or not the following three items are applicable.)**

\_\_\_\_\_ I have been informed, and understand to my complete satisfaction, that my abortion procedure at DSFP will require the use of laminaria (cervical dilators), misoprostol, or both, for preparation of my cervix.

\_\_\_\_\_ I understand that cervical preparation is the start of my abortion procedure. I realize that I must be completely certain about my decision to have an abortion before I begin the cervical preparation phase of the procedure. I am aware that not proceeding with the abortion after cervical preparation is against DSFP medical advice, and may cause complications which include, but are not limited to, infection, miscarriage, and excessive bleeding.

\_\_\_\_\_ I understand that the risks of laminaria insertion include, but are not limited to:

- perforation of the cervix or uterus;
- puncturing of the amniotic sac (“bag of waters”);
- spontaneous abortion;
- infection;
- allergic reaction.

\_\_\_\_\_ I understand that the risks of misoprostol include, but are not to:

- Birth defects- no assurances have been made to me about the outcome of the pregnancy if I change my mind about having the surgery completed
- Uterine cramping and/or contractions
- Vaginal bleeding
- Nausea/Vomiting
- Diarrhea
- Fever and chills
- In very rare cases, tearing of the cervix or rupture of the uterus may occur, which may require additional surgery and/or hospitalization to repair and/or remove the uterus

**I consent to a surgical abortion procedure at Desert Star Family Planning on this date. I have received written instructions for my aftercare following the abortion procedure, and understand these instructions.**

Patient’s printed name: \_\_\_\_\_

Patient signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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This patient, named above, has received an explanation of the nature, purpose, benefits, risks, and alternatives to the proposed procedure. I have offered to answer any questions, and have fully answered any questions from the Patient. I believe that this patient fully understands the procedure, and its possible consequences, and has made a fully informed decision to consent to the procedure.

Physician signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_