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Center For Women's Health

D&C / HYSTEROSCOPY INFORMED CONSENT FORM **(Dilatation and Curettage / Hysteroscopy)**

PURPOSE:

The purpose of the D&C of the uterus is to remove the superficial portion of the lining of the uterus by scraping it with a blunt or sharp instrument or with a suction cannula. In the case of miscarriage, the curettage removes the remaining fetal-placental tissue.

The purpose of the hysteroscopy, if indicated, is to look into the uterine cavity through the opening in the cervix with a long fiber optic scope. This enables the physician to see if there is an abnormal growth or irregularities in the uterus, such as polyps, fibroids or scarring. If these are found, they can often times be removed with the aid of the hysteroscope.

These procedures are often done together to evaluate abnormal menstrual bleeding and to investigate infertility problems. The D&C (dilatation and curettage) is generally all that is necessary for treating a miscarriage.

The anesthetic can either be a general anesthetic (asleep) or a regional anesthesia (numb from the waist down) or a local anesthetic. The type of anesthesia depends on the individual situation.

After the operation, there will be some cramping discomfort. Pain medication will be available to treat the cramps if needed.

RISKS OF D&C / HYSTEROSCOPY:

Possible complications of a D&C / Hysteroscopy include:

1. Injury to the cervix during dilation.
2. Injury to the uterus, tubes and / or ovaries due to uterine perforation.
3. Injury to the bowel, bladder, ureters (tubes coming from the kidneys to the bladder), blood vessels in the pelvis caused by uterine perforation.
4. Bleeding with the possibility of a blood transfusion and the attendant risks of hepatitis / AIDS.
5. If a perforation should occur, it could necessitate a laparoscopy to look into the pelvis or a laparotomy (opening the abdomen) to repair injury or bleeding. There is even a remote possibility of hysterectomy should there be a serious injury. The overall risk of a serious injury is one percent or less.
6. Infection.
7. There is a very small risk of scarring in the uterine cavity, which could adversely affect future fertility.

ANESTHESIA RISKS:

In addition, there are risks associated with anesthesia such as:

1. Allergic reactions.
2. Heart rate irregularities.
3. Respiratory irregularities.
4. Blood pressure changes.
5. Pneumonia.
6. Body may lose ability to control body temperature (malignant hyperthermia).
7. Cardiac arrest.
8. Risk of death very rare.

AFTERCARE:

When you awake from your surgery, you may be somewhat disoriented and dizzy. This should improve shortly. Generally, this is a relatively minor procedure, and you should go home two-to-three hours after the surgery is completed. You should be able to resume normal activities one-to-two days following the procedure. Usually, there will be a bloody discharge after a D&C for a few days. You may also experience some uterine cramping. Sexual activities and douching should be restricted for two weeks following surgery.

You should report any increasing pain, fever, or unusual vaginal drainage. In addition, if you experience any severe abdominal pain, dizziness, fainting or heavy vaginal bleeding, you should report it to the clinic immediately.

Again, if there are any questions or concerns please call the clinic.

ALTERNATIVES TO SURGERY:

The decision for a D&C / Hysteroscopy rests upon the patient, utilizing information provided by her physician. The alternative of doing nothing is always available. Specific alternatives should be discussed with your physician.

I have read the above information on D&C / Hysteroscopy and its possible complications and understand the material. I also understand that there is no guarantee of the results of the surgery.

Signature

Date

Printed Name

Witness Signature

Date

Printed Name