

520 Upper Chesapeake Drive • Suite 301
Bel Air, MD 21014
(p) 443.643.4300 (f) 443.643.4303
308 N. Union Avenue • P.O. Box 420
Havre de Grace, MD 21078
(p) 410.939.3121 (f) 410.939.9411

www.sogmd.org

## LASER VAPORIZATION OF CERVIX Addendum to authorization for surgical treatment

Complications and consequences have been discussed. I understand these risks include, but are not limited to, the following:

- -Pain (immediately afterwards or delayed)
- -Bleeding, possibly requiring blood transfusion and its subsequent risk of infections
- -Damage to pelvic organs such as bladder, vagina, uterus, possibly requiring further surgery or therapy
- -Cervical stenosis causing menstrual problems or infertility
- -Cervical incompetence causing early loss of pregnancy
- -Persistence or recurrence of abnormal tissue in the cervix, possibly requiring repeat or further surgery
- -Risks of anesthesia

I acknowledge that I have read and fully understand the above complications and risks, and that all of my questions have been answered to my satisfaction	
Signature	Date
Witness	 Date