



Affix Patient Label

Patient Name:

Date of Birth:

This information is given to you so that you can make an informed decision about having a **hysteroscopy**

Reason and Purpose of the Procedure:

Hysteroscopy lets your doctor look inside your uterus. It is done to diagnose and treat some problems in the uterus. The doctor uses a hysteroscope, a thin lighted tube (camera). The doctor will place a speculum into your vagina. The cervix is gently opened; a hysteroscope will be placed in your vagina and gently moved through the cervix into the uterus. Fluid will be put through the hysteroscope to enlarge the uterus. This will allow the doctor to see the inside of the uterus more clearly. The doctor may also do a D and C (dilation and curettage). Curettage is the gentle scraping of the lining of the uterus.

The doctor treats problems by passing instruments through the hysteroscope. Some conditions that may be diagnosed or treated are:

- Polyps and fibroids. – These are non-cancerous growths. They may be removed. Polyp removal is a polypectomy. Removing fibroids is called a myomectomy.
- Adhesions. Bands of scar tissue. They may be removed.
- Uterine septum. This is an abnormal formation of the uterus present from birth.

Benefits of this surgery:

You might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- Your doctor may be able to diagnose a problem in the uterus
- Your doctor may be able to treat a problem in the uterus

Risks of Surgery:

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor cannot expect.

Risks of this surgery

- The uterus or cervix can be injured by the hysteroscope and damage other structures in the area. This can include but is not limited to bladder, ureter, bowel, blood vessels, and/or nerves. This may need more surgery to repair. Removal of the uterus (hysterectomy) may be necessary if your doctor is unable to repair the damage to the uterus.
- If the uterus absorbs too much fluid during the surgery you may require other treatments or your doctor may have to stop the surgery.
- Uterine scarring may make it difficult to get pregnant in the future.
- Heavy bleeding. This may need a blood transfusion.
- Infection. This may need antibiotics.



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Risks Associated with Smoking:

Smoking is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

Risks Associated with Obesity:

Obesity is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

Risks Specific to You:

Alternative Treatments:

Other choices:

- Talk to your doctor about other options
- Do nothing. You can decide not to have the surgery
- Do nothing. You can decide not to have the procedure.

If You Choose Not to Have this Treatment:

- Your health care provider will continue to monitor you.

General Information:

- During this procedure, the doctor may need to perform more or different procedures than I agreed to.
- During the procedure the doctor may need to do more tests or treatment.
- Tissues or organs taken from the body may be tested. They may be kept for research or teaching. I agree the hospital may discard these in a proper way.
- Students, technical sales people and other staff may be present during the procedure. My doctor will supervise them.
- Pictures and videos may be done during the procedure. These may be added to my medical record. These may be published for teaching purposes. My identity will be protected.



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By signing this form I agree:

- I have read this form or had it explained to me in words I can understand.
 - I understand its contents.
 - I have had time to speak with the doctor. My questions have been answered.
 - I want to have this procedure: **Hysteroscopy with possible D and C and possible excision of uterine/endometrial lesion**
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- I understand that other doctors, including medical residents, or other staff may help with surgery. The tasks will be based on their skill level. My doctor will supervise them.

Provider: This patient may require a type and screen or type and cross prior to surgery. IF so, please obtain consent for blood/product.

Patient Signature _____ Date: _____ Time: _____

Relationship: Patient Closest relative (relationship) _____ Guardian

Interpreter's Statement: I have translated this consent form and the doctor's explanation to the patient, a parent, closest relative or legal guardian. Interpreter's ID number _____

Interpreter: _____ Date _____ Time _____

Interpreter (if applicable)

For Provider Use ONLY:

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention, I have answered questions, and patient has agreed to procedure.

Provider signature: _____ Date: _____ Time: _____

Teach Back

Patient shows understanding by stating in his or her own words:

____ Reason(s) for the treatment/procedure: _____

____ Area(s) of the body that will be affected: _____

____ Benefit(s) of the procedure: _____

____ Risk(s) of the procedure: _____

____ Alternative(s) to the procedure: _____

Or

____ Patient elects not to proceed: _____ (patient signature)

Validated/Witness: _____ Date: _____ Time: _____