CONSENT FORM
FOR A HYSTEROSCOPY

A hysteroscopy is an outpatient surgical procedure that allows visualization of the uterine cavity. This procedure allows the diagnosis of uterine abnormalities that could be a cause of infertility or abnormal bleeding.

PROCEDURE

When you arrive at the surgical suite, an anesthesiologist will start an intravenous line. You will then be taken to the operating room and the anesthesia will be administered. You will be placed in the same position as you are for a pelvic exam. After the cervical canal is dilated, a small telescope-like instrument, called a hysteroscope, is inserted into the uterine cavity. Distension of the cavity with a solution then allows examination of the uterine cavity. If any abnormalities are identified, such as a polyp, fibroid, uterine septum, or intrauterine adhesions, other instruments (including the laser, cautery or microscissors) can be used through the operating channel of the hysteroscope and an attempt can be made to treat the condition. In some cases, following the hysteroscopy, a uterine curettage is performed which involves the placement of a small instrument, called a curette, into the uterine cavity, which allows sampling of endometrial tissue.

POSTOPERATIVE CARE

After the procedure has been completed, you will spend a few hours in the recovery room and then be discharged home. Since you may be drowsy following the procedure, it is important that someone is available to transport you home and be with you. It is not uncommon to have some vaginal bleeding and mild lower abdominal cramping following the procedure. You should plan on resting the following day after the surgery. There are no restrictions on showering or bathing. You should refrain from intercourse and douching for 5 days following the procedure. If during the
postoperative course you develop any fever, chills, severe abdominal pain, heavy vaginal bleeding, or any other abnormal symptoms, call your physician immediately.

**COMPLICATIONS**

The major complication from this procedure is perforation of the wall of the uterus. If this occurs, the procedure is stopped and the injury site may be further examined by a laparoscopy. In most instances, the bleeding at the perforation site is minimal, and the perforation heals without problems. Perforation can result in injury to adjacent organs including the intestines, bladder, ureters, uterus and blood vessels. Injury to these organs could result in a hospitalization and additional surgery to repair the injury. In rare cases, a hysterectomy and removal of tube(s) and ovaries may need to be performed. Death is a very rare complication following a hysteroscopy.

**ACKNOWLEDGEMENT OF INFORMED CONSENT**

I acknowledge that I have read and understand this written material. I understand the purpose, risks, benefits and alternatives of the surgery. I am aware that there may be other risks and complications not discussed that may occur. I also understand that during the course of the procedure, unforeseen conditions may be revealed requiring the performance of additional procedures. I also understand that technical problems with the instrumentation may prevent the completion of the surgery. I acknowledge that no guarantees or promises have been made to me concerning the results of this procedure or any treatment that may be required as a result of this procedure. I have been given the opportunity to ask questions which have been answered to my satisfaction.

I consent to the performance of the procedure described above by my physician.

________________________________________  __________________________________________
Signature of Patient  Signature of Witness

________________________________________
Printed Name

Hysteroscopy Consent Form 04_02.doc
Date of Birth

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Date