

Informed Consent for Dilatation and Curettage

Name:	Age (in years):	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
UHID No./Registration No.:		
Interpreter Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Consultant's Name:	

Medical Condition
 The doctor has explained that I/my child/myhave the following medical condition:

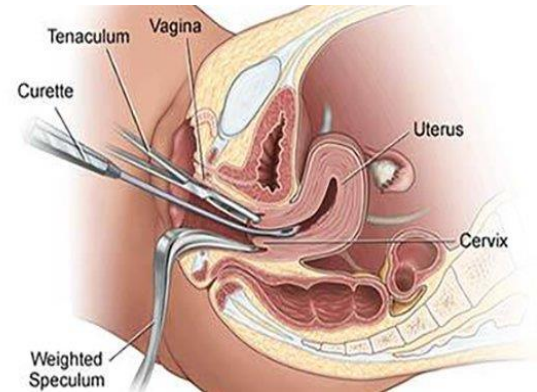
 and I/my child/my.....have been explained and advised to undergo the following treatment/procedure:

 I authorise Dr. and his/her associates to perform the above treatment/ procedure.
 The doctor should document the site and/or side where relevant to the procedure:.....

Introduction

Dilatation and curettage (D&C) is a procedure in which material from the inside of the uterus is removed and abortion can be done. An ultrasound scan must be performed to confirm the intra uterine pregnancy, prior to the commencement of the termination of pregnancy.

During the procedure (which takes only minutes to perform), the doctor will insert an instrument to hold open your vaginal walls. The doctor will then stretch the opening of the uterus to the vagina (the cervix) by inserting a series of tapering rods, each thicker than the previous one or by using other specialised instruments. This process of opening the cervix is called dilation. After dilation, the doctor will use a curette to remove the materials from the uterus.



Consent for Blood Transfusion

Please see Blood Transfusion Consent Form. This will give you information about the type of the blood products, benefits and risks of blood transfusion. If you have any concern(s), please discuss with your doctor.

Benefits (To be documented by doctor)

- To avoid continuance of pregnancy
- Others, if any specify:

Alternatives (To be documented by doctor)

There are a number of alternatives to D and C, depending on the reason for doing the procedure. These include:

- Endometrial biopsy
- Vacuum scraping
- Hysteroscopy
- Hysterectomy
- Medical termination of pregnancy using tablets
- Others, if any specify:

Risks and Complications (To be documented by doctor)

- Pregnancy may continue and a surgical procedure under anaesthesia might be required to clean the uterus.
- Some of the products of pregnancy may be left in uterus and a surgical procedure under anaesthesia might be required to clean the uterus.
- Damage or tearing of the cervix which may need repair.
- Damage to the uterus due to a perforation (puncture) and possible bowel damage.
- Severe bleeding (haemorrhage) from the uterus.
- Infection in the uterus and tubes.
- The tissue inside the uterus may not be removed fully and this may need further surgery.
- Rarely air may get into the blood stream. This can cause the heart to stop which can be fatal.
- After the procedure, there may be bleeding for up to 10 to 14 days.

Patient Specific Risks (To be documented by doctor)

- 1)
- 2)
- 3)
- 4)
- 5)

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- Your first period after the procedure may be late. It may be longer or shorter than usual. And there may be more or less than the usual amount of blood loss.
- In obese people, there is a higher risk of chest infection, heart and lung problems and blood clots in the veins.
- In smokers, there is a higher risk of chest infection, heart and lung problems and blood clots in the veins.
- Others, if any specify:

Specific Notes Related to Procedure (Strike out if not required)

Precise Action Points Understood by the Patient/Substitute Decision Maker (To be documented by patient/substitute decision maker in his/her language)

Patient's Authorisation

- The doctor has explained my medical condition and proposed treatment/procedure. I have been explained and have understood the risks known to be attached with the planned treatment /procedure including the risks that are specific to me and their likely outcomes.
- The doctor has explained other relevant/alternate treatment options and their associated risks. The doctor has also explained the risks of not having the procedure. I have been given the choice to take a second opinion.
- I was able to ask questions and raise concerns with the doctor about the procedure and its risks and my treatment options. My queries and concerns have been discussed and answered to my full satisfaction.
- I understand that the treatment/procedure may include blood/blood product transfusion (for which a separate consent shall be obtained).
- I understand that if organs or tissues are removed during the surgery that these may be retained for tests and shall be disposed of sensitively by the hospital as per the regulatory provisions.
- The doctor has explained and it has been agreed to me that if immediate life-threatening events occur during the treatment/procedure, they will be treated according to the prevalent medical norms.
- It has been explained to me, that during the course of or subsequent to the operation/procedure, unforeseen conditions may be revealed or encountered which may necessitate urgent surgical or other procedures in addition to or different from those contemplated. In such exigency, I further request and authorise the above named physician / surgeon or his designee to perform such additional surgical or other procedures as he or they consider necessary or desirable in my interest. I understand and agree that in such condition there will be no requirement of any additional consent from me or my family members/attendants.
- I declare that no guarantee of whatsoever nature has been given by anyone as to the results that may be obtained.
- I understand that I have the right to refuse treatment or withdraw consent at any time. I agree that any such refusal/withdrawal shall be in writing and acknowledged by the hospital. And I shall be solely responsible for the outcome of such refusal.

- I consent to if any photographing or televising of the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes. However suitable precautions shall be taken by the hospital that my identity is not revealed anywhere. Yes No
- For purposes of advancing medical education, I consent to the admittance of observers to the operating room. Yes No

Hospital Logo

Patient Identification Label

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Patient Name:		Signature:		Date and Time:
Substitute Decision Maker Name:	Relationship:	Reason (patient is unable to give consent because):	Signature:	Date and Time:
Witness Name:	Relationship:		Signature:	Date and Time:
Interpreter Name:	Translation given in:		Signature:	Date and Time:

Declaration by the Doctor

I have explained to the patient / authorised representatives the medical condition, need for the procedure, its alternatives and benefits/risks, likely consequences if those risks occur and the significant risks and problems specific to this patient including the risks of not undergoing the procedure. I have given the patient/ authorised representatives an opportunity to ask questions about any of the above matters and raise any other concerns. I have answered all their queries to the best of my knowledge.

Name and Signature of the Doctor with Reg No:	Date and Time:
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Note: Along with this form, signature of the patient has to be obtained in Consent forms -- Form-1 and Form-C