

Informed Consent for Hysteroscopy

Name: _____ Age (in years): _____ Gender: M F Other

UHID No./Registration No.: _____

Interpreter Service: Yes 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:.....

.....

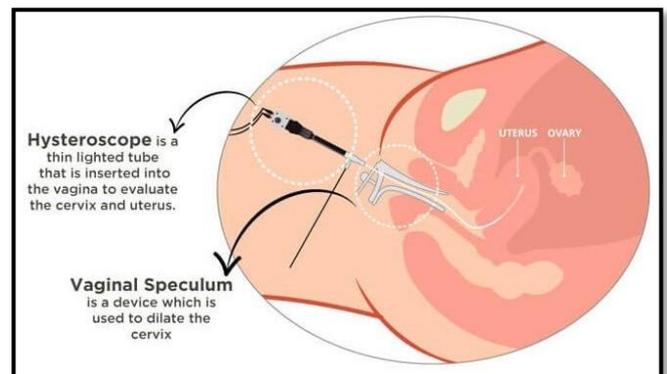
Introduction

A hysteroscope is a thin tube with a tiny camera. The uterus is the muscular organ at the top of the vagina.

A hysteroscopy is a procedure in which the doctor will use a hysteroscope to look at the inside of your uterus.

The procedure can be performed under local or general anaesthesia and there are no stitches or incisions (cuts) involved. The operation usually lasts about 10 - 15 minutes. The procedure involves following steps:

- An intravenous (IV) line may be put in your arm or hand.
- You will be positioned on an operating table, lying on the back with the feet in stirrups.
- The vaginal area will be cleaned with an antiseptic solution.
- The doctor may dilate the cervix before inserting the hysteroscope.
- The doctor will insert the hysteroscope into the vagina, through the cervix and into the uterus and will inject a liquid or gas through the hysteroscope to expand the uterus for a better view.
- The doctor will examine the wall of the uterus for problems. He or she may take photographs or videos.
- The doctor will take tissue samples (biopsies) and send them to laboratory for testing.
- If there is a need for the procedure, such as fibroid removal, the doctor will insert tools through the hysteroscope.
- For more complex procedures, the doctor may insert another type of scope through the belly (laparoscope) to view the outside of the uterus at the same time. After the procedure, the doctor will remove the hysteroscope.



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.

Consent for Anaesthesia

Please see Anaesthesia Consent Form. This will give you information about the type of the anaesthesia, its benefits and general risks. If you have any concern(s), please discuss with your anaesthetist(s).

Benefits (To be documented by doctor)

- Faster recovery.
- Shorter hospital stay.
- Rule out the reason for infertility and possibly treat the problem.
- Others, if any specify:

Alternatives (To be documented by doctor)

- An ultrasound scan, an exam with high frequency sound waves.
- A special type of X-ray, such as a hysterosalpingogram (putting dye into the uterus, so it can be seen with an X-ray).
- Choosing not to have treatment.
- Others, if any specify:

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Risks and Complications (To be documented by doctor)
Common Procedure Specific Risks

- Heavy bleeding.
- The womb may be perforated – either by the instruments used to widen the cervix or by the telescope (in 1 in 50 to 1 in 1000 women). This does not usually cause any long-term problem. It can very rarely cause peritonitis, severe bleeding or bowel injury, which may need womb removal or bowel repair. This will result in a longer hospital stay. If the bowel has to be repaired, then the bowel may be brought out into the abdomen so that the waste can be drained into a bag worn over the end of the bowel (known as a colostomy).
- Rarely it is not possible to complete the procedure, due to narrowing of the inside of the cervix. If the condition continues, further surgery will be necessary.
- Infection in the uterus: This can cause heavy bleeding or discharge, worsening of cramps and high fever. The infection may affect the tubes and cause problems with getting pregnant in the future. Antibiotics will be used to treat the infection.
- Others, if any specify:

Patient Specific Risks (To be documented by doctor)

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

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).
- The doctor has explained the requirement for anaesthesia for this procedure and I understand the risks associated with anaesthesia, including the risks specific to me (for which a separate consent shall be taken).
- 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 the patient's condition, the procedure and the risks, likely consequences if those risks occur and the significant risks and problems specific to this patient. I have given the patient/ substitute decision maker an opportunity to ask questions about any of the above matters and raise any other concerns, which I have answered as fully as possible. I am of the opinion that the patient/ substitute decision maker has understood the above information.				
Name and Signature of the Doctor with Reg No:			Date and Time:	