Endometrial Resection / Ablation

A. Interpreter / cultural needs

An Interpreter Service is required?  ☐ Yes  ☐ No
If Yes, is a qualified Interpreter present?  ☐ Yes  ☐ No
A Cultural Support Person is required?  ☐ Yes  ☐ No
If Yes, is a Cultural Support Person present?  ☐ Yes  ☐ No

B. Condition and treatment

The doctor has explained that you have the following condition: (Doctor to document in patient’s own words)

This condition requires the following procedure. (Doctor to document - include site and/or side where relevant to the procedure)

The following will be performed:
The cervix is dilated and a instrument is passed through the cervix into the uterus. The lining of the uterus is then removed using electric current (diathermy) or other methods.

C. Risks of an endometrial resection / ablation

There are risks and complications with this procedure. They include but are not limited to the following.

General risks:
- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Asprin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Heart attack or stroke could occur due to the strain on the heart.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.
- Death as a result of this procedure is possible.

Specific risks:
- The procedure may not be able to be completed, due to narrowing of the inside of the cervix or problems inside the uterus. This may need further surgery or surgery abandoned.

D. Significant risks and procedure options

(Doctor to document in space provided. Continue in Medical Record if necessary.)

E. Risks of not having this procedure

(Doctor to document in space provided. Continue in Medical Record if necessary.)

F. Anaesthetic

This procedure may require an anaesthetic. (Doctor to document type of anaesthetic discussed)

- Damage to the uterus with rupture and/or perforation by the diathermy instrument. This can cause bleeding and may need further surgery to repair the damage. Injuries may not be recognised at time of surgery.
- Damage, by burning, to bowel or bladder. This will need further surgery and a longer than expected stay in hospital. Adhesions may result and a colostomy may be needed. Injuries may not be recognised at time of surgery.
- Infection could be introduced into the uterus or tubes or abdominal cavity. This may need treatment with antibiotics.
- Haemorrhage (excessive bleeding) from the uterus or blood vessel. A catheter may be passed into the uterus to provide balloon pressure to the wall of the uterus for a few hours. Blood transfusion, further surgery and possibly hysterectomy may be necessary if the bleeding doesn’t stop.
- The fluid used to stretch the uterus can be absorbed causing coma or death. Both are extremely rare.
- Risk of failure of procedure in short or long term
- Possibility of pain, and/or bleeding which may get worse after the procedure, and be long term.
- Increased risk in smokers of chest infections, heart and lung complications and thrombosis.

- The condition requires the following procedure. (Doctor to document - include site and/or side where relevant to the procedure)
Endometrial Resection / Ablation

G. Patient consent

I acknowledge that the doctor has explained;

- my medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.

- the anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.

- other relevant procedure/treatment options and their associated risks.

- my prognosis and the risks of not having the procedure.

- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.

- the procedure may include a blood transfusion.

- tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.

- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.

- a doctor other than the Consultant may conduct the procedure. I understand this could be a doctor undergoing further training.

I have been given the following Patient Information Sheet/s:

- [ ] About Your Anaesthetic
- [ ] Endometrial Resection/ Ablation
- [ ] Blood & Blood Products Transfusion

I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.

I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.

I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.

On the basis of the above statements,
1. What do I need to know about the procedure?
An endometrial resection/ablation is where the cervix is dilated and then an instrument is passed through the dilated cervix into the uterus. The lining of the uterus is then removed using electric currents (diathermy).

2. My anaesthetic
This procedure will require an anaesthetic. See About Your Anaesthetic information sheet for information about the anaesthetic and the risks involved. If you have any concerns, discuss these with your doctor.

If you have not been given an information sheet, please ask for one.

3. What are the risks of this specific procedure?
There are risks and complications with this procedure. They include but are not limited to the following.

General risks:
- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Asprin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Heart attack or stroke could occur due to the strain on the heart.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.
- Death as a result of this procedure is possible.

Specific risks:
- The procedure may not be able to be completed, due to narrowing of the inside of the cervix or problems inside the uterus. This may need further surgery or surgery abandoned.
- Damage to the uterus with rupture and/or perforation by the diathermy instrument. This can cause bleeding and may need further surgery to repair the damage. Injuries may not be recognised at time of surgery.
- Damage, by burning, to bowel or bladder. This will need further surgery and a longer than expected stay in hospital. Adhesions may result and a colostomy may be needed. Injuries may not be recognised at time of surgery.
- Infection could be introduced into the uterus or tubes or abdominal cavity. This may need treatment with antibiotics.
- Haemorrhage (excessive bleeding) from the uterus or blood vessel. A catheter may be passed into the uterus to provide balloon pressure to the wall of the uterus for a few hours. Blood transfusion, further surgery and possibly hysterectomy may be necessary if the bleeding doesn’t stop.
- The fluid used to stretch the uterus can be absorbed causing coma or death. Both are extremely rare.
- Risk of failure of procedure in short or long term
- Possibility of pain, and/or bleeding which may get worse after the procedure, and be long term.
- Increased risk in smokers of chest infections, heart and lung complications and thrombosis.

Notes to talk to my doctor about: