They include but are not limited to the following.

There are risks and complications with this procedure.

C. Risks of a D & C

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:

- Damage or tearing of the cervix. This may need repair. It can also possibly lead to early pregnancy loss in future pregnancies.

- Damage to the uterus due to a perforation (puncture) and possible bowel damage. This may need more surgery and a longer hospital stay than expected.
- Severe bleeding (haemorrhage) from the uterus. This may need a blood transfusion.
- Infection in the uterus and tubes. This may need antibiotics.
- The tissue inside the uterus may not all be removed. This may need further surgery.
- Rarely air may get into the blood stream. This can cause the heart to stop. This can be fatal.
- After the procedure is performed, there may be bleeding for up to 10 to 14 days.
- Your first period after the procedure may be late. It may be longer or shorter than usual. There may be more or less than the usual amount of blood loss.
- Higher risk in smokers of chest infection, heart and lung problems and blood clots in the veins.

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)
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**
- [ ] **D & C (Dilatation & Curettage)**

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 this procedure

After widening the cervix (the neck of the womb), an instrument attached to suction is passed into the uterus (womb). The lining of the uterus and any other tissue that looks abnormal inside the uterus is then removed and may be sent to pathology for tests.

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, Aspirin, 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:

- Damage or tearing of the cervix. This may need repair. It can also possibly lead to early pregnancy loss in future pregnancies.
- Damage to the uterus due to a perforation (puncture) and possible bowel damage. This may need more surgery and a longer hospital stay than expected.
- Severe bleeding (haemorrhage) from the uterus. This may need a blood transfusion.
- Infection in the uterus and tubes. This may need antibiotics.
- The tissue inside the uterus may not all be removed. This may need further surgery.
- Rarely air may get into the blood stream. This can cause the heart to stop. This can be fatal.
- After the procedure is performed, there may be bleeding for up to 10 to 14 days.

Notes to talk to my doctor about:

- Your first period after the procedure may be late. It may be longer or shorter than usual. There may be more or less than the usual amount of blood loss.
- Higher risk in smokers of chest infection, heart and lung problems and blood clots in the veins.