Diagnostic Hysteroscopy
Dilatation & Curettage

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:
Under an anaesthetic, the cervix is carefully widened until there is enough room to pass a telescope into the womb. The womb is then filled with fluid, which gives a better view of the inside. A telescope is used to see if there is anything abnormal inside the womb. The fluid is then drained out.
The lining of the womb is usually scraped to collect cells. 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.

C. Risks of a diagnostic hysteroscopy dilatation & curettage
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.

Specific risks:
- Bleeding that can be so heavy that a blood transfusion may be needed. It may also need further surgery.
- Damage may occur to the uterus with rupture or perforation. This may require a laparoscopy and/or laparotomy, and/or longer stay in hospital than expected. In the event of uterine perforation, there is a risk of damage to other organs, such as bowel or bladder, which may require further corrective surgery.
- Rarely, the procedure may not be able to be completed, 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 cramps or high fevers. The infection may affect the tubes and cause problems with getting pregnant in the future. Antibiotics are used to treat the infection.

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)

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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
- Diagnostic Hysteroscopy 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?

A diagnostic hysteroscopy, dilatation and curettage is where under an anaesthetic, the cervix is carefully widened until there is enough room to pass a telescope into the womb. The womb is then filled with fluid, which gives a better view of the inside. The telescope is used to see if there is anything abnormal inside the womb. The fluid is then drained out.

The lining of the womb is usually scraped to collect cells. 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, but very rare

Specific risks:

- Bleeding that can be so heavy that a blood transfusion may be needed. It may also need further surgery.
- Damage may occur to the uterus with rupture or perforation. This may require a laparoscopy and/or laparotomy, and/or longer stay in hospital than expected. In the event of uterine perforation, there is a risk of damage to other organs, such as bowel or bladder, which may require further corrective surgery.
- Rarely, the procedure may not be able to be completed, 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 cramps or high fevers. The infection may affect the tubes and cause problems with getting pregnant in the future. Antibiotics are used to treat the infection.

4. What can I expect after my hysteroscopy?

After hysteroscopy, you can expect to get:

- some light vaginal bleeding or discharge, which can last from a few days to a few weeks.
- lower abdominal cramps over the first few days.

You will usually go home the same day of the operation. You will need to rest at home for a few days and during this time, will not be fit to work.

5. What do I need to tell my doctor?

Tell your doctor if you have:

- heavy bleeding or discharge.
- pain which gets worse.
- high fever.

Notes to talk to my doctor about:

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