Termination of Pregnancy - 1st Trimester

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:

Dilatation (stretching) of the cervix and removal of the foetus and placenta by curettage using an instrument with suction attached inserted into the uterine cavity.

C. Risks of a termination of pregnancy - 1st trimester

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:

- Haemorrhage could occur from the uterus, which may require treatment with blood transfusion.
- Infection may occur in the uterus and tubes, which will require treatment with antibiotics.
- Removal of the lining of the womb (endometrium) can lead to scarring inside the womb and may cause difficulty with future fertility.
- Incomplete removal of tissue within the uterus is possible which might lead to the necessity of further surgery.
- Damage or tearing of the cervix which may require repair and possibly lead to early pregnancy loss in future pregnancies.
- Damage to the uterus due to a perforation and possible bowel damage. This may require further surgery including the possibility of resection of bowel which may include a colostomy.
- Damage to fallopian tubes is possible, which will affect fertility and there is a small possibility of damage to bladder and blood vessels which could require further surgery. This may include laparoscopy, laparotomy or hysterectomy, and a longer hospital stay than expected.
- Rarely, air may be introduced into the circulation leading to cardiac arrest.

D. Significant risks and treatment options

The doctor has also explained relevant treatment options as well as the risks of not having the procedure.

Relevant treatment options include:

- Continue with the pregnancy and keep the baby.
- Continue with the pregnancy and have the baby adopted after the delivery.

E. Risks of not having this procedure

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/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
- [ ] Termination of Pregnancy 1st Trimester

- 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 first trimester termination of pregnancy is where the
cervix is dilated (stretched) and the foetus and
placenta are removed by curettage.
The instrument used has suction attached and this is
inserted into the uterine cavity.

2. My anaesthetic
This procedure will require an anaesthetic.

See About Your Aesthetic 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:

- Infection can occur, requiring antibiotics and
  further treatment.
- 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.
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  may require treatment with blood transfusion.
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  will require treatment with antibiotics.
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  can lead to scarring inside the uterus and may
  cause difficulty with future fertility.
- Incomplete removal of tissue within the uterus is
  possible which might lead to the necessity of
  further surgery.
- Damage or tearing of the cervix which may
  require repair and possibly lead to early
  pregnancy loss in future pregnancies.
- Damage to the uterus due to a perforation and
  possible bowel damage. This may require further
  surgery including the possibility of resection of
  bowel which may include a colostomy.
- Damage to fallopian tubes is possible, which will
  affect fertility and there is a small possibility of
  damage to bladder and blood vessels which could
  require further surgery. This may include
  laparoscopy, laparotomy or hysterectomy, and a
  longer hospital stay than expected.
- Rarely, air may be introduced into the circulation
  leading to cardiac arrest.

Notes to talk to my doctor about: