



Hysterosalpingogram (HSG)

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

D. Patient consent

I acknowledge that the doctor/doctor delegate has explained the proposed procedure.

I understand;

- the risks and complications, including the risks that are specific to me.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor/doctor delegate or my Acute Resuscitation Plan.
- a doctor/doctor delegate undergoing further training may conduct this procedure.

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

- Hysterosalpingogram (HSG)
- HyCoSy or Saline Sonogram

- I was able to ask questions and raise concerns with the doctor/doctor delegate about the proposed procedure and its risks. 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/doctor delegate.
- 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.
- I understand that Queensland Health may release my relevant de-identified information obtained from this and related procedures for education and training of health professionals.

On the basis of the above statements,

I request to have the procedure

Name of Patient:.....

Signature:

Date:

Patients who lack capacity to provide consent

Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?

Yes ▶ Location of the original or certified copy of the AHD:

No ▶ Name of Substitute Decision Maker/s:.....
Signature:.....
Relationship to patient:.....
Date:..... PH No:.....

Source of decision making authority (tick one):

- Tribunal-appointed Guardian
- Attorney/s for health matters under Enduring Power of Attorney or AHD
- Statutory Health Attorney
- If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

E. Doctor/delegate Statement

I have explained to the patient all the above points under the Patient Consent section (D) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate:.....

Designation:.....

Signature:..... Date.....

F. Interpreter's statement

I have given a sight translation in

.....
(state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter:.....

Signature:..... Date.....

DO NOT WRITE IN THIS BINDING MARGIN

Consent Information - Patient Copy Hysterosalpingogram (HSG)

1. What is a Hysterosalpingogram (HSG)?

A Hysterosalpingogram (HSG) is an x-ray procedure where Contrast (once called x-ray dye) is used to look at the inside of your fallopian tubes and uterus.

The Contrast allows your uterus and fallopian tubes to be seen more clearly on the x-ray pictures.

2. Will there be any discomfort, is any anaesthetic needed?

Mild discomfort may occur when the catheter is inserted into your cervix. Mild pain may occur when the Contrast is injected and flows through your fallopian tubes.

No anaesthetic is required for this procedure.

3. Preparation for the procedure

The medical imaging department will give you instructions on how to prepare for your scan.

To have this procedure and for your own safety you must:

- Talk to staff if you have an active sexually transmitted disease or a pelvic infection.
- *NOT* be pregnant. You may be asked to take a pregnancy test prior to the procedure.
- *NOT* be having a 'period'. The procedure is usually done between the end of your menstrual flow and day 12 of your cycle. Please note the start date of your last menstrual period.

4. During the procedure

You will lie down on a table, in the same position as a pelvic examination.

A speculum (the instrument used during a Pap smear) is placed inside your vagina so that your cervix can be easily seen.

A small catheter is placed into your cervix and Contrast is put in via the catheter.

X-ray pictures are taken and reviewed.

The speculum and the catheter are removed at the end of the procedure.

5. After the procedure

You may have 'spot bleeding' and/or slight watery discharge and will need to wear a sanitary pad (not a tampon).

You may have mild abdominal pain for 1 to 2 days after the procedure. Tablets such as Panadol may be taken to relieve mild abdominal pain.

6. What are the risks of this specific procedure?

The risks and complications with this procedure can include but are not limited to the following.

Common risks and complications include:

- Bleeding from vagina, this usually resolves on its own.
- Dizziness or feeling faint, this usually resolves with bed rest.

Less common risks and complications include:

- Infection, requiring antibiotics and further treatment.
- Damage to fallopian tubes, requiring corrective surgery.
- The procedure may not be possible due to medical and/or technical reasons.

Rare risks and complications include:

- Allergic reaction to the Contrast. This could result in a rash, hives, itching, nausea, fainting or shortness of breath. Medication may be given to relieve this.
- An increased lifetime cancer risk due to the exposure to x-rays.
- Death as a result of this procedure is *very rare*.

7. What are the safety issues when you leave the hospital?

Go to your nearest Emergency Department or GP if you become unwell or have;

- severe or increased pelvic pain
- heavy vaginal bleeding (more than a pad an hour)
- vomiting
- fever
- foul smelling or odd vaginal discharge.

Notes to talk to my doctor/ health practitioner about:

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