



Hysterosalpingo Tests Consent

Adult (18 years and over)

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

A. Does the patient have capacity?

Yes → **GO TO section B**

No → **COMPLETE section A**

You must adhere to the Advance Health Directive (AHD), or if there is no AHD, the consent obtained from a substitute decision-maker in the following order: Category 1. Tribunal-appointed guardian; 2. Enduring Power of Attorney; or 3. Statutory Health Attorney.

Name of substitute decision-maker:

Category of substitute decision-maker:

B. Is an interpreter required?

If yes, the interpreter has:

provided a sight translation of the informed consent form in person

translated the informed consent form over the telephone

Name of interpreter:

Interpreter code:

Language:

C. Patient/substitute decision-maker requests the following procedure(s)

Hysterosalpingogram (HSG)

Hysterosalpingo contrast sonography (HyCoSy)

Hysterosalpingo foam sonography (HyFoSy)

Saline infusion sonohysterography (SIS)

D. Risks specific to the patient in having hysterosalpingo tests

(Doctor/clinician to document additional risks not included in the patient information sheet):

E. Risks specific to the patient in *not* having hysterosalpingo tests

(Doctor/clinician to document specific risks in not having hysterosalpingo tests):

F. Alternative treatment options

(Doctor/clinician to document alternative treatment not included in the patient information sheet):

G. Information for the doctor/clinician

The information in this consent form is not intended to be a substitute for direct communication between the doctor/clinician and the patient/substitute decision-maker.

I have explained to the patient/substitute decision-maker the contents of this form and am of the opinion that the information has been understood.

Name of doctor/clinician:

Designation:

Signature:

Date:

DO NOT WRITE IN THIS BINDING MARGIN

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H. Patient/substitute decision-maker consent

I acknowledge that the doctor/clinician has explained:

- the "Hysterosalpingo tests" patient information sheet
- the medical condition and proposed treatment, including the possibility of additional treatment
- the specific risks and benefits of the procedure
- the prognosis, and risks of not having the procedure
- alternative treatment options
- that there is no guarantee the procedure will improve the medical condition
- that the procedure may involve a blood transfusion
- that tissues/blood may be removed and used for diagnosis/management of the condition
- that if a life-threatening event occurs during the procedure, I will be treated based on documented discussions (e.g. AHD or ARP [Acute Resuscitation Plan])
- that a doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate procedure/treatment/investigation/examination; this may include a doctor/clinician undergoing further training under supervision
- that if the doctor/clinician wishes to record video, audio or images during the procedure where the recording is not required as part of the treatment (e.g. for training or research purposes), I will be asked to sign a separate consent form. If I choose not to consent, it will not adversely affect my access, outcome or rights to medical treatment in any way.

I was able to ask questions and raise concerns with the doctor/clinician.

I understand I have the right to change my mind regarding consent at any time, including after signing this form (*this should be in consultation with the doctor/clinician*).

I/substitute decision-maker have received the following consent and patient information sheet(s):

- "Hysterosalpingo tests"
- "Ultrasound"

On the basis of the above statements,

1) I/substitute decision-maker consent to having a hysterosalpingo tests.

Name of patient/substitute decision-maker:

Signature:

Date:

2) Student examination/procedure for professional training purposes:

For the purpose of undertaking training, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to patient/substitute decision-maker consent, assist with/conduct an examination or procedure on a patient while the patient is under anaesthetic.

I/substitute decision-maker consent to a clinical student(s) undergoing training to:

- observe examination(s)/procedure(s) Yes No
- assist with examination(s)/procedure(s) Yes No
- conduct examination(s)/procedure(s) Yes No

Hysterosalpingo tests

Adult (18 years and over) | Informed consent: patient information

A copy of this form should be given to the patient/substitute decision-maker to read carefully and allow time to ask any questions about the procedure. The consent form and patient information sheet should be included in the patient's medical record.



1. What are hysterosalpingo tests and how will they help me/the patient?

This is a medical imaging procedure that looks at the inside of your fallopian tubes and uterus. There are various names for this procedure, including:

- hysterosalpingogram (HSG)
- hysterosalpingo contrast sonography (HyCoSy)
- hysterosalpingo foam sonography (HyFoSy)
- saline infusion sonohysterography (SIS).

The differences in the procedures are the imaging contrast and imaging method (ultrasound or x-ray) used. The test will examine the shape and lining of the uterus and check for blocked or damaged fallopian tubes as these issues may impact a woman's ability to become pregnant.

Hysterosalpingogram is an x-ray procedure where contrast is used. HyCoSy is an ultrasound procedure where contrast is used. HyFoSy is an ultrasound procedure where foam contrast solution is used. SIS is an ultrasound procedure where salt water (saline solution) is used.

Your doctor/clinician will explain to you the appropriate type of procedure being performed for your/the patient's condition.

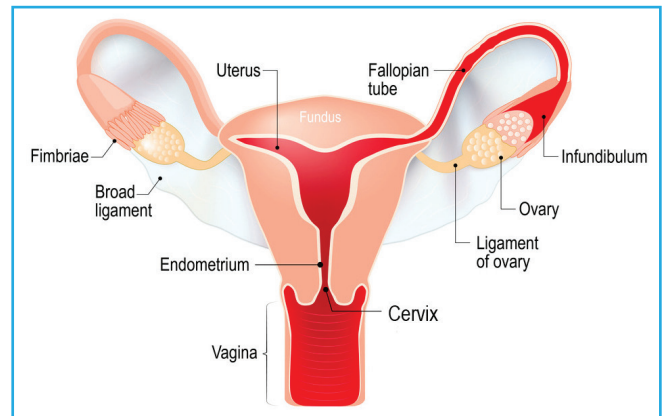


Image 1: Female reproductive organs.
ID: 619588790. www.shutterstock.com

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 infection 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.

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 introduced via the catheter. Mild discomfort may occur when the catheter is inserted into your cervix. Mild period-like pain may occur when the contrast is injected and flows through your fallopian tubes.

In x-ray procedures, images will be taken and reviewed. In ultrasound procedures, an ultrasound transducer is inserted into the vagina, then images are taken and reviewed. The speculum and catheter (plus ultrasound transducer when used) are removed at the end of your procedure.



2. What are the risks?

There are risks and complications with this procedure. There may also be risks specific to each person's individual condition and circumstances. Please discuss these with the doctor/clinician and ensure they are written on the consent form before you sign it. Risks include but are not limited to the following:

Common risks and complications

- bleeding from the vagina – this usually resolves on its own
- bleeding is more common if you have been taking blood thinning drugs, such as warfarin, aspirin, clopidogrel (Plavix, Iscover, Coplavix), prasugrel (Effient), dipyridamole (Persantin or Asasantin), ticagrelor (Brilinta), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/alternative medicines, such as fish oil and turmeric
- dizziness or feeling faint – this usually resolves with bed rest.

Less common risks and complications

- 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

- 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
- (*x-ray only*) a small increased lifetime cancer risk due to the exposure to x-rays
- death as a result of this procedure is very rare.

No anaesthetic is required for this procedure.

What are the risks of not having hysterosalpingo tests?

There may be consequences if you choose not to have the proposed procedure/treatment/investigation/examination. Please discuss these with the doctor/clinician.

If you choose not to have the procedure, you will not be required to sign a consent form.

If you have signed a consent form, you have the right to change your mind at any time prior to the procedure/treatment/investigation/examination. Please contact the doctor/clinician to discuss.



3. Are there alternatives?

Making the decision to have a procedure requires the patient/substitute decision-maker to understand the options available. Please discuss any alternative treatment options with your doctor/clinician before signing the consent form.



4. What should I expect 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 paracetamol/Panadol may be taken to relieve mild abdominal pain.

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.



5. Who will be performing the procedure?

A doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate procedure/treatment/investigation/examination. This could be a doctor/clinician undergoing further training, however all trainees are supervised according to relevant professional guidelines.

If you have any concerns about which doctor/clinician will be performing the procedure, please discuss with the doctor/clinician.

For the purpose of undertaking professional training in this teaching hospital, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to your consent, assist with/conduct an examination or procedure on a patient while the patient is under anaesthetic.

If you choose not to consent, it will not adversely affect your access, outcome or rights to medical treatment in any way. You are under no obligation to consent to an examination(s) or a procedure(s) being undertaken by a clinical student(s) for training purposes.



6. Where can I find support or more information?

Hospital care: before, during and after is available on the Queensland Health website www.qld.gov.au/health/services/hospital-care/before-after where you can read about your healthcare rights.

You can also see a list of blood thinning medications at www.health.qld.gov.au/consent/bloodthinner.

Staff are available to support patients' cultural and spiritual needs. If you would like cultural or spiritual support, please discuss with your doctor/clinician.

Queensland Health recognises that Aboriginal and Torres Strait Islander patients will experience the best clinical care when their culture is included during shared decision-making.



7. Questions

Please ask the doctor/clinician if you do not understand any aspect of this patient information sheet or if you have any questions about your/the patient's medical condition, treatment options and proposed procedure/treatment/investigation/examination.



8. Contact us

In an emergency, call Triple Zero (000).

If it is not an emergency, but you have concerns, contact 13 HEALTH (13 43 25 84), 24 hours a day, 7 days a week.