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Consent for Dilation & Curettage (D&C)

To the patient : You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you, it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

The purpose of a D & C is to remove tissue in the uterus. The procedure involves dilation or opening of the cervix with a special device and then using instruments to gently remove tissue.

D & C may be used when a woman has abnormal bleeding, an abnormal finding in her uterus on ultrasound, or has a miscarriage. A D & C is performed to remove tissue that may cause infection or heavy bleeding if left in the uterus. The choice to perform D & C has been made based on the nature and extent of your condition and particular needs. It is important that you understand your preoperative diagnosis and the other conservative versus surgical procedures that are available to you.

RISKS OF SURGERY: As with any surgical procedure, complications may occur. These may include but are not limited to:

- Complications of anesthesia;
- Infection possibly not responsive to antibiotics;
- Perforation (hole) of the uterus;
- Bleeding or hemorrhage possibly requiring transfusion and/or hysterectomy;
- Postoperative complications or death;
- Deep venous thrombosis or pulmonary embolus;
- Retained products of conception, possibly leading to infection or reoperation;
- Scarring in the uterus causing infertility;
- Nerve injury with loss of function or chronic pain;
- Unforeseen or unanticipated complication;
- Damage to internal organs, like the bowel or urinary tract and requiring repair/reoperation and possible colostomy, stent, nephrostomy, prolonged catheter drainage.

After your procedure, you may feel pain in your shoulders that should pass quickly. You may feel faint or sick, have slight vaginal bleeding and cramps for a few days. Call the office if you have a temperature >101, severe abdominal pain, heavy vaginal bleeding, or discharge.

My signature certifies that:

- I understand the procedure, the possible complications and postoperative care.
- I have read and understand the contents of this form.
- Alternative methods of treatment (if any) have been explained to me.
- I have informed the doctor of all known allergies and medications (prescription, over-the-counter, and herbal therapies) that I am taking.
- I authorize Dr. _____ and whomever she/he may designate to assist him/her to perform the D & C.

 Name of Physician Explaining Procedure

 Date

 Signature of Patient or Legal Representative

 Date/Time

 Printed Name and Signature of Witness

 Date