ENDOMETRIAL ABLATION, HYSTEROSCOPY, DILATION AND CURRETTAGE (D & C)

Please read and sign the following consent form when you feel that you completely understand the surgical procedure that is to be performed and after you have asked all of your questions. If you have any further questions or concerns, please contact our office prior to your procedure so that we may clarify any pertinent issues.

Definition: Endometrial Ablation is an outpatient procedure where your physician attempts to permanently destroy the majority of the lining tissue of the uterus (Endometrium). Hysteroscopy allows your doctor direct visualization of the inside of the uterine cavity (womb) by inserting a thin lighted telescope (hysteroscope) through the vagina (birth canal) and cervix, without making an abdominal incision. This procedure is sometimes performed to allow your doctor to examine the lining of the uterus before the ablation to look for polyps, fibroids, scar tissue, or perforations (holes in the uterus). Dilation and curettage (D&C) allows your doctor to take a sample of the tissue that lines your uterus (endometrium).

Procedure: After sedation from anesthesia is achieved, a speculum will be placed into the vagina and the cervix will be dilated. The hysteroscope may then be passed through the vagina and cervix and your uterine cavity will be examined. Sterile fluid is passed through the hysteroscope to open up the uterine cavity and optimize visualization. Pictures of the uterine cavity and its contents may be taken for documentation. A sample scraping of the tissue may be obtained and sent for pathological evaluation. The Ablation then will be performed. There are several types of ablations.

Endometrial Ablation is not birth control. Endometrial Ablation should never be performed if you are still considering pregnancy at anytime in the future. You or your partner should either have a permanent sterilization procedure or be committed to properly using effective contraception till you are no longer at risk for pregnancy. Pregnancy after Endometrial Ablation may put you at risk for Placenta Accreta, Ectopic Pregnancy, or Miscarriage.

Novasure: This device uses radio frequency (electrical cautery) to destroy the lining tissue of the uterus. A triangular web is deployed to contact most of the endometrium. The web conducts current. A generator monitors the procedure to determine how much tissue to destroy.

Thermachoice: This device uses a balloon with circulating hot water to destroy the lining tissue of the uterus. The temperature of the water and the timing of the procedure are monitored by the equipment.

Rollerball/Rollerbarrel: This method also utilizes electrical current. A small BB shaped electrode is rolled along the lining of the uterus to deliver current. The electrical current destroys the lining tissue. This procedure requires continuous inflow of distension fluid and takes considerably longer than the other methods.

Diagnosis: This procedure is most commonly done for heavy, and or prolonged bleeding.
**Expectations of Outcomes:** Endometrial Ablation is performed as an outpatient surgery and recovery is rapid with most women going home within a few hours of the procedure. Most women who have experienced heavy or prolonged bleeding will either stop having menstrual flow or return to light-normal flow.

**Possible Complications of the Procedure:** All surgical procedures, regardless of complexity or time, can be associated with unforeseen problems. They may be immediate or even quite delayed in presentation. While we have discussed these and possibly others in your consultation, we would like you to have a list so that you may ask questions if you are still concerned. Aside from anesthesia complications, a list of possible complications includes, but is not limited to:

- **Perforation of the Uterus:** The creation of a perforation, or hole, in the wall of the uterus can occur when the dilator or hysteroscope is unintentionally pushed through the uterine wall. Although perforation of the uterus usually does not cause harm and typically heals completely it may lead to injury of other structures and organs within the abdomen (blood vessels, nerves, intestines, and bladder), bleeding or infection. **Perforation is uncommon; however, if it occurs then the ablation will have to be abandoned and a laparoscopy may be necessary.** Laparoscopy is a surgical procedure where several small incisions are made in the abdomen so the surgeon may introduce a camera to evaluate for injury to other organs, bleeding from the uterus, or internal bleeding from injury to a blood vessel. In most cases the laparoscopy provides reassurance that no internal injury has occurred and that no additional surgery is necessary. In rare cases a hysterectomy is necessary to stop bleeding from a perforation.

- **Injury to surrounding organs:** On rare occasions the electrical current or heat from the water can burn or damage the bladder or bowel outside of the uterus. Injury to bowel or bladder would require additional surgery and possibly a temporary colostomy.

- **Fluid Overload:** The fluid used to open up the uterine cavity for visualization is partially absorbed into the blood vessels of the uterus. If too much fluid is absorbed into the vascular system then this can cause alteration of electrolytes (sodium and potassium), which may lead to changes in kidney function, arrhythmias, confusion, seizures and even death. The amount of fluid being used will be constantly monitored during the surgery to prevent this complication.

- **Failure of the Procedure:** The ablation is performed in an attempt to reduce your menstrual flow. The procedure will fail in a small percentage of cases. You may have persistence of heavy bleeding requiring additional procedures such as hysterectomy in order to resolve your bleeding.

- **Distortion of the Uterine Cavity:** The uterine cavity may scar after an endometrial ablation. This does not typically cause any problems and is expected. However, the scarring can alter the appearance of the uterine cavity by Ultrasound and make it difficult to adequately evaluate abnormal bleeding in the future.

- **Pelvic Infection:** It is possible during the placing of instruments into the uterine cavity, that microorganisms can be introduced and lead to an infection in the pelvis. Signs of an infection are: foul smelling vaginal discharge, tenderness or pain throughout the vagina or pelvis, bleeding lasting more than 2 days, fever, chills, nausea, and/or vomiting. On rare occasions an abscess may accumulate within the uterine cavity that may not respond to antibiotics. An abscess is a collection of pus that may require additional surgical procedures to cure. **If you have any of the above symptoms, call our office immediately.**

- **Bleeding:** Most women will have a small amount of bleeding following the procedure. **If your bleeding is heavier than a normal period call our office.**

- **Deep Vein Thrombosis (DVT)/Pulmonary Embolus (PE):** In any operation (especially longer operations), you can develop a clot in a vein of your leg (DVT). Typically, this presents two to seven days post op as pain, swelling and
tenderness to touch in the lower leg area. Although less likely, this blood clot can move through the veins and block off part of the lung (PE). This presents as shortness of breath and chest pain. If you notice any of these signs, call our office.

• Lower Extremity Weakness/Numbness: While this is rare, it is possible in procedures in which you are in the lithotomy position (legs in the air/stirrup) for a long period of time, to develop weakness or numbness in your legs. It is usually self-limited, with a return to baseline.

Permanent Injury/Death: Permanent injuries from surgery are rare but do occur. Permanent injuries may involve removal of organs not planned during the original surgery, pain that does not resolve with time, or diminished ability to enjoy life. Death is extremely rare from Gynecologic surgery but does occur. The most common reasons are massive blood loss, overwhelming sepsis, heart attack, DVT/Pulmonary embolus, stroke, and anesthesia complications.

Photographs/Recordings: Still photographs and digital recordings of your surgery may occur for documentation of intra-operative findings or for educational purposes.

Additional Procedures/Consultations: If there are unanticipated findings, difficulty during the surgery, or a situation where your doctor does not believe that he has the expertise to accomplish all of your case then an intra-operative consultation may be necessary. Intra-operative consultation is when another physician or surgeon is asked to give recommendations, assist or take over a surgical case. This occurs at your doctor’s discretion for your safety and without regard to whether the other physician is on your insurance panel. By signing below you give consent to intra-operative consultations if necessary.

Consent: I, Dr._________________________, have counseled __________________________________________ regarding her planned surgery. In my professional opinion I believe that the surgery is reasonable and most likely will result in a beneficial outcome. It is my belief that the patient has considered her options and fully weighed the risks of surgery.

Signed___________________________________________ Date _______________ Time __________

I, ____________________________________________ , believe that the surgical procedure listed above is the best option for me. My situation is not an emergency and I understand that I have other options, including not having surgery. I understand that complications, bad outcomes, and unanticipated events will occur occasionally during surgery and recovery. I understand that my doctor and his surgical team are not perfect and at no point have I been guaranteed any outcomes or results. I have been given the opportunity to ask all my questions and I believe that I have all the information necessary to make a reasonable decision. Therefore, I elect to give my consent and proceed with the above surgery, as witnessed by my signature below.

Patient Signature___________________________________________ Date __________________

Witness Signature_____________________________________________ Date ________________