HYSTEROSCOPY WITH DILATION AND CURETTAGE (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: Hysteroscopy is an outpatient procedure that 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 enables your doctor to examine the lining of the uterus, look for polyps, fibroids, scar tissue, blockages of the fallopian tubes, and abnormal partitions. In addition, this procedure allows your doctor to remove or surgically treat many of the abnormalities seen. Dilation and curettage (D&C) allows your doctor to take a sample of the tissue that lines your uterus (endometrium) and/or to remove polyps, fibroid tumors, or hyperplasia. Suction D&C is used in cases of miscarriage.

Procedure: After sedation from anesthesia is achieved, a speculum will be placed into the vagina and the cervix will be dilated. The hysteroscope will 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. Once sufficient visualization, biopsy, and surgical correction have been completed, the instruments will be removed and you will start your recovery.

Diagnosis: This procedure is most commonly done for these listed reasons: irregular or excessive uterine bleeding, post menopausal bleeding, suspected uterine fibroids/polyps, endometrial cancer, removal of IUD, pelvic pain, and miscarriage. If you have another type of problem not listed then your physician will explain why the Hysteroscopy or D&C would be indicated.

Expectations of Outcomes: Hysteroscopy with D&C is performed as an outpatient surgery and recovery is rapid with most women going home within a few hours of the procedure. Through this procedure, structural abnormalities within the uterine cavity can be demonstrated and typically corrected. Following a Hysteroscopy with D&C, it is expected to have a pathology report (from the tissues collected during surgery) for you and your doctor to discuss and to determine if further medical treatment is necessary. Many women who have experienced heavy or irregular bleeding will return to a regular menstrual cycle following removal of thickened endometrial lining, polyps, and/or fibroids. If your surgery was part of an investigation into infertility, your doctor will explain what was found and accomplished by this procedure and will help you understand the impact of these findings on your future fertility.

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 not common; however, if it occurs then 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.

**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.

• **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. *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 intraoperative 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 ____________