Fibroid and Pelvic Wellness Center of Georgia
Soyini Hawkins, MD, MPH

Surgical Consent

Name: **DOB**: **Date**:

Consent Details

Your doctor has recommended surgery as an option for you in hopes of relieving certain symptoms and/or problems about which you have complained. This is an introduction to what you can expect from this surgery.

Procedure

Hysteroscopy

Hysteroscopy is an outpatient surgical procedure performed by Dr. Hawkins to permit direct visualization of the uterus cavity using a long thin, lighted telescope inserted through the vagina and cervix. Hysteroscopy is used as a diagnostic tool, and operative device, or both, depending on the specific condition.

Diagnostic hysteroscopy can be thought of as a way of "seeing" the inside of the uterine cavity. During diagnostic hysteroscopy, Dr. Hawkins will be examining the lining of the uterus, looking for polyps, fibroids, scar tissue, blockage of fallopian tubes, and abnormal partitions. Operative hysteroscopy can be thought of as operating while "seeing" with the hysteroscopy. In many cases, with the use of operative hysteroscopy, the gynecologist will be able to surgically treat or remove many of the abnormalities seen with diagnostic hysteroscopy. Hysteroscopy can also be used as a method of collecting samples of tissue for examination or to remove an object, such as intrauterine device.

Post Procedure

Recovery from hysteroscopy is rapid and most women will go home within 1 to 2 hours of the procedure. In an outpatient settings patient leave shortly after the procedure is done. You may have some discomfort and cramping following the procedure. It is not necessary for you to plan time off from work or your normal activities beyond the first three days after surgery. It is normal to have some bleeding and discharge for one- two days or up to a week following hysteroscopy. It is suggested that use menstrual pads to maintain hygiene and protect your clothes. Please refrain from intercourse, douching, and tampon use for

three days following an in office hysteroscopy and 3 weeks following an operative hysteroscopy. Medications, such as ibuprofen or Naprosyn, are usually all is needed for the cramping you may have after your procedure. Dr. Hawkins will prescribe antibiotics if necessary. If any side effects occur, contact our office immediately.

Expectations and Outcomes

Many women who have experience heavy or irregular bleeding will return to regular menstrual cycle following removal of endometrial polyps or fibroid from within the cavity. Maintenance of regular cycles may be assisted with hormones or birth control.

If your surgery was a part of an investigation into infertility, Dr. Hawkins will explain what was found an accomplished during the surgery and will help you understand the impact of these findings on your future fertility.

Possible Complications

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 and your consultation, we would like you to have a list so that you may ask questions if you still have concerns. Aside from anesthesia complications, it is important that every patient be aware of all possible outcomes, which may include but are not limited to:

Perforation of the uterus: A perforation is a hole in the wall of the uterus. This can occur when the dilator or hysteroscope is pushed too far and enters into the wall of the uterus. Perforation of the uterus may be self-limiting and simply mean the procedure must stop and be completed with a repeat operation in a few weeks or it can lead to injury of other structures and organs within the abdomen (blood vessels, nerves, intestines and bladder) bleeding or infection. This is not common; however, many require another operation to be treated appropriately.

Pelvic infection: Hysteroscopy involves placement of instruments through the vagina and cervix into the uterus. Because of this, it is possible to introduce the microorganisms (such as bacteria or yeast) from the vagina into the uterine or abdominal cavity. Many micrograms are normally present a vagina and cause no infection or other symptoms. However, when the same microorganisms are present within the pelvis or cavity of the uterus, a more serious infection can be the result. Signs of infection that you should watch

for are: foul smelling discharge, tenderness, or pain in the vagina and pelvic for more than two days, significant bleeding, fever, chills, nausea, vomiting, weakness, and feeling ill. You must contact us immediately or go to the nearest emergency room.

Bleeding: Most women will have a small amount of bleeding following this procedure. If you're bleeding is heavier than your normal period please call our office. Spotting for the first week or two is normal.

Fluid Imbalance: In addition to water, fluids used to inflate the cavity of the uterus for hysteroscopy contained dissolved sugars, starches, and salt. These substances give the fluid certain desirable properties for visualization of the uterine cavity. When too much fluid flows from the uterus and enters the abdominal cavity or bloodstream, and "imbalance" in the water content of the blood may result. Careful choice of fluid and monitoring fluid delivery make this and uncommon complication. Strict protocol is used to assure this is quickly recognized and corrected.

Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE): In any operation, especially long operations, you may develop a clot in the vein of your leg (DVT). Typically this presents 2 to 7 days (or longer) after the procedure as pain, swelling, and tenderness to touch in the lower leg (calf). Your ankle and foot may become swollen. If you notice these signs, you should go directly to the emergency room and also call our office. Although less likely, this blood clot can move through the veins and block part of the lung (PE). This would present as shortness of breath and possibly chest pain.

Lower Extremity Weakness/ Numbness: This, too, is a rare event that may arise due to your positioning on the operating table. It is possible with the procedures in which you are in the lithotomy (legs up in the air) for a long time. The problem is usually self-limited, with a return to baseline expected.

You are consenting to the surgery mentioned above in light of these risks. All questions were answered to your satisfaction. You are also consenting to the use of videotaping or pictures for educational purposes only.

_____	_____
Signature of witness	Signature of person giving consent (patient)
_____	_____
Name of witness	Name of person giving consent (patient)