Operative Hysteroscopy Consent

Informed Consent

A. Condition

☐ Endometrial Polyps            ☐ Submucous Fibroids
☐ Uterine Septum               ☐ Uterine Adhesions Lost IUD String

B. Procedure: Hysteroscopy to Treat the Above

A hysteroscope is a thin, lighted telescope-like device. It is inserted through your vagina into your uterus. The hysteroscope transmits the image of your uterus onto a screen. This allows the doctor to see the inside of the uterus during the procedure. Most of the time, we know the diagnosis from a pelvic sonogram which was done prior to your procedure.

Hysteroscopy can be used to diagnose or treat a problem. Other instruments are used along with the hysteroscope for treatment and this can be done right away.
C. Specifics of procedure

Hysteroscopy can be done in a doctor’s office or at the hospital. It will be scheduled when you are not having your period. To make the procedure easier, your doctor may dilate (open) your cervix before your hysteroscopy. You may be given medication that is inserted into the cervix, or special dilators may be used.

Before the doctor begins, you may be given a medication to help you relax, or a general or local anesthetic may be used to block the pain. If you have general anesthesia, you will not be awake during the procedure.

A speculum is first inserted into the vagina. The hysteroscope is then inserted and gently moved through the cervix into your uterus. Carbon dioxide gas or a fluid, such as saline (salt water), will be put through the hysteroscope into your uterus to expand it. The gas or fluid helps your doctor see the lining more clearly. The amount of fluid used is carefully checked throughout the procedure. Your doctor can see the lining of your uterus and the openings of the fallopian tubes by looking through the hysteroscope. If a biopsy or other procedure is done, your doctor will use small tools through the hysteroscope, such as small scissors or a wire loop or graspers. These tools will be used to treat the specific condition that you have, for example, removing a fibroid or polyp, resection of a septum, or removal of an IUD.

You should be able to go home shortly after the procedure. If you were given general anesthesia, you will need to wait until its effects have worn off.

It is normal to have some mild cramping or a little bloody discharge for a few days after the procedure. Your doctor may give you a medication to help ease the pain. If you have a fever, chills, or heavy bleeding, call your doctor’s office right away.

You should be able to get back to your normal activities at work or home shortly after your procedure. For most women, it is the next day. If there are no complications you may resume sex and the use of tampons after bleeding stops completely, or in two weeks, whichever comes first.

D. Risks

Hysteroscopy is a very safe procedure. However, there is a small risk of problems. The uterus or cervix can be punctured by the hysteroscope, bleeding may occur, or excess fluid may build up in your system. In very rare cases, hysteroscopy can cause life-threatening problems such as excessive bleeding requiring a more invasive procedure or a blood transfusion. If a problem occurs during the procedure, it will be treated.
E. The following are considered to be alternative procedures. Please feel free to discuss these procedures with your doctor.

- Hormonal therapies to control bleeding
- A more invasive “open” procedure
- Hysterectomy
- Endometrial ablation
- Uterine artery embolization

F. Changing your mind
There is no obligation to undergo the procedure once having submitted this form. Please feel free to contact us at any time if you change your mind about your decision to undergo the procedure.

I have talked to my doctor and read the detailed description of my procedure. I understand the risks, benefits, and alternatives of my Hysteroscopic Procedure.

PATIENT SIGNATURE __________________________________________
Please Print and Sign

PHYSICIAN SIGNATURE ________________________________________

WITNESS SIGNATURE _________________________________________
Please Print and Sign

DATE __________
REVIEWED ______ NO CHANGES __________ DATE __________
CHANGES __________________________________________