Gleneagles Hospital
HONG KONG
港怡醫院

Hosp No.	:	HKID No.:	
Case No.	:		
Name	:		
DOB	:	M / F	
Adm Date	:		
Contact No.	:		

Procedure Information Sheet – Hysteroscopic Adhesiolysis

Clinical Diagnosis: Intrauterine Synechiae / Asherman's Syndrome

Indication for Surgery: Hypomenorrhoea / Amenorrhoea / Subfertility / _____

1. Nature of the procedure

1.1. Misoprostol preparation of cervix
1.2. General anaesthesia/regional anaesthesia
1.3. Dilatation of cervix
1.4. Passage of resectoscope
1.5. Glycine to distend the uterine cavity
1.6. Adhesiolysis under direct vision and ultrasound guidance
1.7. An IUD will be inserted or alternatively, auto-cross-lined hyaluronic acid instilled into the cavity of the uterus to prevent adhesion(as self-financed item)
1.8. All tissue removed will be sent to the Department of Pathology or disposed of as appropriate unless otherwise specified
1.9. Photographic and/or video images may be recorded during the operation for education/ research purpose. Please inform our staff if you have any objection.

2. Benefits of the procedure

2.1. Improvement of symptom
2.2. Restoration of normal uterine cavity
2.3. Have a definitive diagnosis

3. Other consequences

3.1. After the procedure may have some vaginal spotting in the first 2 weeks after the operation

4. Risks and complications (may include, but are not limited to the following)

4.1. Women who are obese, who have significant pathology, who have undergone previous surgery or who have pre-existing medical conditions must understand that the quoted risks for serious or frequent complications will be increased.
4.2. Anaesthetic complications
4.3. Serious:
  4.3.1. Cervical tear
  4.3.2. Perforation of uterus(2 to 5 in every 100, common) with or without damage to adjacent organs and may require repair
  4.3.3. Failure to gain entry into uterine cavity and complete intended procedure (uncommon)
  4.3.4. Excision may be incomplete and further operation may be required
  4.3.5. Fluid overload / electrolyte disturbance
  4.3.6. Pelvic infection
  4.3.7. 3 to 8 women in every 100 000 undergoing hysteroscopy die as a result of complications (very rare)
  4.3.8. Recurrence(3 to 24 in every 100, common)
  4.3.9. Obstetric complications including premature delivery, IUGR, placenta accreta and increta, uterine rupture

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4.4. Frequent:

4.4.1. Bleeding (6 to 27 in every 100, common), may need blood transfusion

5. Risks of not having the procedure

5.1. Progression and deterioration of disease condition

6. Possible alternatives

6.1. Observation

6.2. Hysterectomy

6.3. Others _____

7. Other associated procedures (which may become necessary during the operation)

7.1. Dilatation of cervix

7.2. Blood transfusion

7.3. Laparoscopy or laparotomy in case of uterine perforation and suspected adjacent organ injury

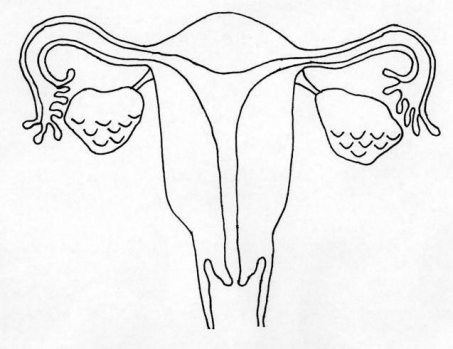
8. Special follow-up issue

8.1. Further operation may be required in case of incomplete procedure

8.2. Postoperative hormone therapy may be given

9. Statement of patient

9.1. Procedure(s) which should not be carried out without further discussion



I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____