

Procedure Information Sheet – Hysteroscopic Excision of Fibroids / Polyps / Septum

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

Clinical Diagnosis: Fibroid / Endometrial Polyp / Uterine Septum / _____

Indication for Surgery: Abnormal uterine bleeding / distortion of uterine cavity / miscarriage / _____

1. Nature of the procedure

- 1.1. May need preoperative endometrial preparation with GnRH analogue injection
- 1.2. Cervical preparation using misoprostol
- 1.3. General anaesthesia/regional anaesthesia
- 1.4. Dilatation of cervix
- 1.5. Passage of resectoscop
- 1.6. Glycine to distend the uterine cavity
- 1.7. Resection of the pathology under direct vision, with or without ultrasound guidance
- 1.8. An intrauterine device may be inserted or alternatively, auto-cross-lined hyaluronic acid instilled into the cavity of the uterus to prevent adhesion
- 1.9. All tissue removed will be sent to the Department of Pathology or disposed of as appropriate unless otherwise specified
- 1.10. 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

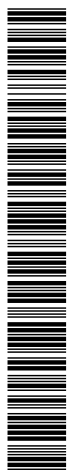
- 2.1. Improvement of symptom
- 2.2. Restoration of normal uterine cavity
- 2.3. Have a definitive diagnosis

3. Other consequences after the procedure

- 3.1. May have some vaginal spotting in the first 2 weeks after the operation
- 3.2. In patients of reproductive age, period would return after effect of preoperative GnRH analogue wears off

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:
 - 4.2.1. Damage of the uterus including the cervix (uncommon)
 - 4.2.2. Failure to gain entry into uterine cavity and complete intended procedure (uncommon)
 - 4.2.3. Damage of bladder/bowel/major blood vessels (rare)
 - 4.2.4. Incomplete excision requiring another procedure (uncommon) fluid overload/electrolytes disturbance (uncommon)
 - 4.2.5. 3 to 8 women in every 100 000 undergoing hysteroscopy die as a result of complications (very rare)
 - 4.2.6. Pelvic infection
 - 4.2.7. Intrauterine adhesion
 - 4.2.8. Recurrence



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- 4.4. Frequent:
- 4.4.1. Bleeding (up to 5 in every 1000, uncommon), may need blood transfusion

5. Risks of not having the procedure

- 5.1. Progression and deterioration of disease condition
- 5.2. Exact diagnosis cannot be ascertained

6. Possible alternatives

- 6.1. Hysterectomy
6.2. Others _____

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

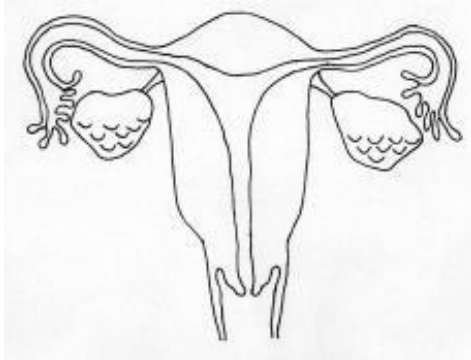
- 7.1. Dilatation of cervix
- 7.2. Blood transfusion
- 7.3. Laparoscopy or laparotomy in the event of perforation of uterus and significant injury suspected

8. Special follow-up issue

- ### 8.1. Further operation may be required in case of incomplete excision

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: _____

