

Procedure Information Sheet – Second Trimester Termination of Pregnancy

Hosp No.	:	HKID No.:
Case No.	:	

Name :

DOB : M/F

Adm Date : Contact No.:

Clinical diagnosis: unwanted pregnancy /	

Indication: anxiety state / abnormal fetus / maternal medical condition /

1. Nature of the procedure

- 1.1. Insertion of vaginal tablets every 3 hours for a maximum of 5 doses per day
- 1.2. Food or drink will not be allowed when abdominal pain occurs
- 1.3. Pain killer can be provided
- 1.4. Vaginal bleeding and pain can occur prior to passage of fetus
- 1.5. The abortion process may take more than 1 day and you will need to stay in hospital until the completion of the procedure (more than 90% chance to complete within 48 hours)
- 1.6. Suction evacuation may be required in case of incomplete abortion (local anaesthesia + conscious sedation/general anaesthesia)
- 1.7. All tissue removed will be sent to the Department of Pathology or disposed of as appropriate unless otherwise specified
- 1.8. Photographic and/or video images may be recorded for education/research purpose. (Please inform our staff if you have any objection.

2. Benefit of the procedure

2.1. Termination of pregnancy

3. Other consequences (after the procedure)

- 3.1. May experience some vaginal bleeding and abdominal cramps within 2 weeks
- 3.2. May experience breast engorgement a few days after the procedure

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. Anaphylaxis caused by the drug (very rare)
 - 4.3.2. Excessive bleeding requiring blood transfusion (less than 1 in 100, uncommon)
 - 4.3.3. Cervical tear (less than 1 in 100, uncommon), may result in cervical incompetence
 - 4.3.4. Uterine rupture necessitating laparotomy +/- hysterectomy (less than 1 in 1000, rare)
 - 4.3.5. Failure of the procedure requiring alternative medications (less than 1 in 100, uncommon)
 - 4.3.6. Congenital abnormality if the procedure was stopped and the pregnancy continues
 - 4.3.7. Pelvic infection (3 in 100, common) affecting future fertility
- 4.4. Frequent:
 - 4.4.1. Side effects of the drug including nausea, vomiting, diarrhea, fever
 - 4.4.2. Adverse psychological sequelae
 - 4.4.3. Incomplete abortion requiring suction evacuation (1 in 10, common)
- 4.5. If suction evacuation is required:
 - 4.5.1. Serious:
 - 4.5.1.1. Uterine perforation, less than 5 in 1000 women (uncommon); may result in trauma to surrounding organs necessitating laparoscopy/laparotomy

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- 4.5.1.2. Significant trauma to the cervix (rare), may result in cervical incompetence
- 4.5.1.3. Trauma to endometrium causing intrauterine adhesions, third stage complications in future pregnancies
- 4.5.1.4. Pelvic infection(3 in 100)

4.5.2. Frequent:

- 4.5.2.1. Bleeding that lasts for up to 2 weeks is very common but blood transfusion is uncommon (1-2 in 1000)
- 4.5.2.2. Need to repeat suction evacuation, less than 5 in 100 (common)

5. Risk of not having the procedure

- 5.1. Continuation of the pregnancy which involves risk to the physical or mental health of the pregnant woman
- 5.2. Delivery of a child who will suffer from physical or mental abnormality leading to serious handicap

6. Possible alternatives

- 6.1. Continuation of pregnancy and seek support from the Birthright Society or the Mothers' Choice
- 6.2. Others

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

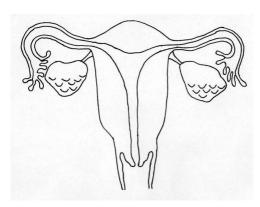
7.1. Surgical evacuation under local anaesthesia+conscious sedation/general anaesthesia

8. Special follow-up issues

8.1. Future contraception

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:	
r attent relative Name.	
Date:	



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