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 – Suction Evacuation

1. Introduction

1.1. Clinical diagnosis: unwanted pregnancy / miscarriage / _____

1.2. Indication: anxiety state / maternal medical condition / abnormal fetus / retained products of gestation / _____

2. Nature of the Procedure

2.1. Patient requesting abortion will be reassessed after admission – the procedure may be cancelled if the uterine size found to be too big for suction evacuation for abortion.

2.2. Priming of cervix if necessary.

2.3. Local anaesthesia + conscious sedation / general anaesthesia / Monitored Anaesthetic Care (MAC).

2.4. Cervical dilatation if necessary.

2.5. Insertion of the suction tube.

2.6. Uterine content evacuated under negative pressure.

2.7. All tissue removed will be sent to the Department of Pathology or disposed of as appropriate unless otherwise specified.

2.8. Photographic and/or video images may be recorded during the operation for education/research purpose. Please inform our staff if you have any objection.

3. Benefit of the Procedure

3.1. Abortion.

3.2. Amelioration of symptoms of miscarriage.

4. Other Consequences (after the procedure)

4.1. May experience some vaginal bleeding and mild abdominal cramps within 2 weeks after operation.

5. Risks and Complications (may include, but are not limited to the following)

5.1. 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.

5.2. Anaesthetic complications.

5.3. Serious:

5.3.1. Uterine perforation, less than 5 in 1000 women. (Uncommon); may result in trauma to surrounding borgans necessitating laparoscopy / laparotomy.

5.3.2. Trauma to the cervix (rare), may result in cervical incompetence.

5.3.3. Trauma to endometrium causing intrauterine adhesions, third stage complications in future pregnancies.

5.3.4. Patient requesting abortion

5.3.4.1. Failure of the procedure resulting in continuation of pregnancy.

5.3.4.2. Adverse psychological sequelae.

5.3.4.3. Congenital abnormality if the procedure was stopped and the pregnancy continues.

5.4. Frequent:

5.4.1. Bleeding that lasts for up to 2 weeks is very common but blood transfusion is uncommon (1-2 in 1000)

5.4.2. Need for repeated suction evacuation, less than 5 in 100 (common)

5.4.3. Pelvic infection, 3 in 100 (common)

6. Risk of not having the Procedure

6.1. Miscarriage – vaginal bleeding, abdominal pain or infection.

6.2. Patient requesting abortion:

6.2.1. Continuation of the pregnancy which involves risk of injury to the physical or mental health of the pregnant woman.
6.2.2. Delivery of a child who will suffer from physical or mental abnormality leading to severe handicap if the fetus is abnormal.

7. Possible Alternatives

7.1. Incomplete / silent miscarriage
7.1.1. Observation
7.1.2. Medical treatment
7.1.3. Others
7.2. Requesting abortion
7.2.1. Continuation of pregnancy and seek support from the Birthright Society or the Mothers' Choice.
7.2.2. Others

8. Other Associated Procedures (which may become necessary during the procedure)

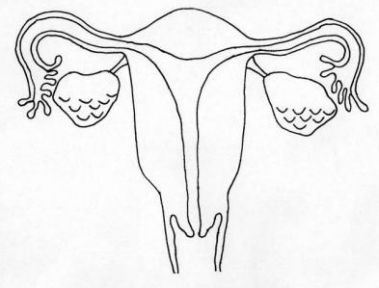
8.1. Blood transfusion.
8.2. Laparoscopy or laparotomy to diagnose and/or repair organ injury or uterine perforation.

9. Special Follow-up Issue

9.1. Future contraception.

10. Statement of Patient

10.1. 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: _____