Gleneagles Hospital
HONG KONG
港怡醫院

Procedure Information Sheet – Medical Termination of Pregnancy

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

1. Introduction

1.1. Clinical diagnosis: unwanted pregnancy _____

1.2. Indication: anxiety state / abnormal fetus / maternal medical condition / _____

2. Nature of the Procedure

2.1. An ultrasound examination is performed prior to the procedure.
2.2. A single tablet of Mifepristone 200mg (RU486) is taken while you are in Clinic N. You can go home 20-30 minutes afterwards.
2.3. Smoking and alcohol: You should not drink alcohol nor smoke for at least 4 days after taking Mifepristone tables.
2.4. A drug called misoprostol will be administered intra-vaginally or sublingually, which will cause your uterus to contract and expel the pregnancy during hospitalization.
2.5. During this time, you may experience increased nausea, bleeding vaginally or have period-like abdominal pain. Painkillers can be provided.
2.6. Vaginal bleeding and pain can occur prior to passage of fetus.
2.7. Suction evacuation may be required in case of incomplete abortion or excessive vaginal bleeding. (local anaesthesia + conscious sedation / monitored anaesthetic care / general anaesthesia)
2.8. All tissue removed will be sent to the Department of Pathology or disposed of as appropriate.

3. Benefit of the Procedure

3.1. Termination of pregnancy

4. Other Consequences (after the procedure)

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

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. Anaphylaxis caused by the drug (very rare).
  5.3.2. Excessive bleeding requiring blood transfusion (Less than 1 in 100, uncommon).
  5.3.3. Failure of the procedure (5 in 100) approximately.
  5.3.4. Congenital abnormality if the procedure was stopped and the pregnancy continues.
  5.3.5. Pelvic infection (3 in 100, common) affecting future fertility.
5.4. Frequent:
  5.4.1. Side effects of the drug including nausea, vomiting, diarrhea, fever.
  5.4.2. Adverse psychological sequelae.
  5.4.3. Incomplete abortion requiring suction evacuation. (1 in 10, common).
5.5. If suction evacuation is required (please refer to Procedure Information Sheet-Suction Evacuation).

6. Risk of not having the Procedure

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

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7. Possible Alternatives

7.1. Continuation of pregnancy and seek support from the Birthright Society or the Mothers' Choice.

7.2. Others.

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

8.1. Surgical evacuation under local anaesthesia + conscious sedation / monitored anaesthetic care / general anaesthesia.

9. Special Follow-up Issue

9.1. Future contraception.

10. Statement of Patient

10.1. The above mentioned procedural information is by no means exhaustive, other unforeseen complications may occur in special patient groups or different individual. Please contact your physician for further enquiry.

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: _____