

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 tablets.
- 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)

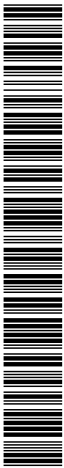
- 4.1. May experience some vaginal bleeding and abdominal cramps within 2 weeks.
- 4.2. May experience breast engorgement a few days after the procedure.

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.



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

Procedure Information Sheet – Medical Termination of Pregnancy

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: _____

