

**PREOPERATIVE INFORMATION SHEET FOR  
MEDICAL TREATMENT OF SECOND TRIMESTER MISCARRIAGE OR  
SECOND TRIMESTER TERMINATION OF PREGNANCY**

**Clinical diagnosis:** miscarriage / unwanted pregnancy / \_\_\_\_\_

**Indication:** miscarriage / anxiety state / abnormal fetus / maternal medical condition / \_\_\_\_\_

**Nature of the procedure**

- insertion of vaginal tablets every 3 hours for a maximum of 5 doses per day
- food or drink will not be allowed when abdominal pain occurs
- pain killer can be provided
- vaginal bleeding and pain can occur prior to passage of fetus
- 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)
- suction evacuation may be required in case of incomplete abortion (local anaesthesia + conscious sedation/general anaesthesia)
- all tissue removed will be sent to the Department of Pathology or disposed of as appropriate unless otherwise specified
- photographic and/or video images may be recorded for education/research purpose. (Please inform our staff if you have any objection.)

**Benefit of the procedure:** termination of pregnancy

**Other consequences after the procedure:**

- may experience some vaginal bleeding and abdominal cramps within 2 weeks
- may experience breast engorgement a few days after the procedure

**Risks and complications** may include, but are not limited to the following:

- 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.
- Anaesthetic complications
- Serious
  - anaphylaxis caused by the drug (very rare)
  - excessive bleeding requiring blood transfusion (less than 1 in 100, uncommon)
  - cervical tear (less than 1 in 100, uncommon), may result in cervical incompetence
  - uterine rupture necessitating laparotomy +/- hysterectomy (less than 1 in 1000, rare)
  - failure of the procedure requiring alternative medications (less than 1 in 100, uncommon)
  - congenital abnormality if the procedure was stopped and the pregnancy continues
  - pelvic infection (3 in 100, common) affecting future fertility
- Frequent
  - side effects of the drug including nausea, vomiting, diarrhea, fever, abdominal pain, headache
  - adverse psychological sequelae
  - incomplete abortion requiring suction evacuation (1 in 10, common)
- If suction evacuation is required
  - Serious
    - uterine perforation, less than 5 in 1000 women (uncommon); may result in trauma to surrounding organs necessitating laparoscopy/laparotomy for repair and/or urinary/faecal diversion
    - significant trauma to the cervix (rare), may result in cervical incompetence
    - trauma to endometrium causing intrauterine adhesions, third stage complications in future pregnancies
    - pelvic infection(3 in 100)
  - Frequent
    - bleeding that lasts for up to 2 weeks is very common but blood transfusion is uncommon (1-2 in 1000)
    - need to repeat suction evacuation, less than 5 in 100 (common)

**Risk of not having the procedure:**

- continuation of the pregnancy which involves risk to the physical or mental health of the pregnant woman
- delivery of a child who will suffer from physical or mental abnormality leading to serious handicap

**Possible alternatives**

- continuation of pregnancy and seek support from the Birthright Society or the Mothers' Choice
- others \_\_\_\_\_

**Other associated procedures** (which may become necessary during the operation):

- surgical evacuation under local anaesthesia+conscious sedation/general anaesthesia

**Special follow-up issue:** future contraception**Statement of patient:** procedure(s) which should not be carried out without further discussion

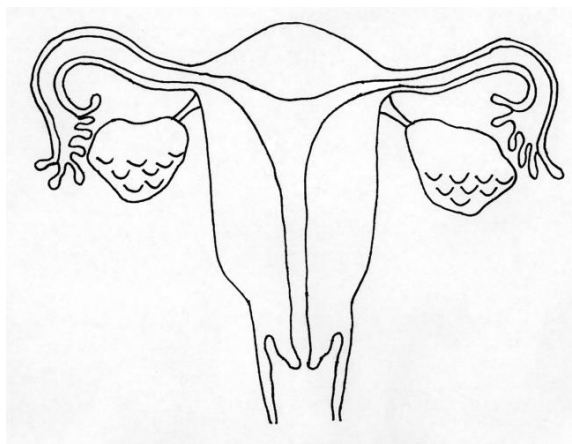
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*I acknowledge that the above information concerning my operation/procedure have been explained to me and discussed with me by the medical staff and I fully understand them. I have been given the opportunities to ask questions pertinent to my condition and management and satisfactory answers have been provided by medical staff.*



Signature \_\_\_\_\_

Date \_\_\_\_\_



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