

**PREOPERATIVE INFORMATION SHEET FOR
DIAGNOSTIC HYSTEROSCOPY ± ENDOMETRIAL BIOPSY**

Clinical diagnosis: _____

Indication for surgery:

Abnormal uterine bleeding / Failed hormonal treatment / Failed endometrial aspiration /
Abnormal ultrasound findings / Abnormal finding in endometrial aspiration / _____

Nature of operation:

- no / local / regional / general anaesthesia
- telescope passed through the vagina and cervix into the uterus
- cervical dilatation may be required
- uterine cavity inspected
- biopsy or curettage of the endometrial lining may be performed
- 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 during the operation for education/research purpose. Please inform our staff if you have any objection.

Benefits of the procedure: to find the cause of symptoms; to help diagnose the lesion seen.

Other consequences after the procedure:

This is only a diagnostic procedure and there is no therapeutic value. Second operation may be needed. Sometimes the procedure may not identify an obvious cause for the presenting complaint.

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. The risk of serious complications also increases if an additional therapeutic procedure is performed.
- Anaesthetic complications
- Serious
 - the overall risk of serious complications is approximately 2 in 1000 women (uncommon)
 - damage to the uterus including the cervix (uncommon)
 - failure to gain entry into uterine cavity and complete intended procedure (uncommon)
 - damage to bowel, bladder or major blood vessels (rare) which may require repair and/or urinary/faecal diversion
 - infertility (rare)
 - 3 to 8 women in every 100 000 undergoing hysteroscopy die as a result of complications when performed under general anaesthesia(very rare)
- Frequent
 - bleeding
 - pelvic infection

Risks of not having the procedure: Definitive diagnosis cannot be made and appropriate treatment cannot be given.

Possible alternatives

- observation
- pelvic ultrasonography
- endometrial aspiration
- others _____

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

- dilatation of the cervix
- polypectomy with or without hysteroscopic assistance
- laparoscopy or laparotomy in the event of perforation and significant injury suspected

Special follow-up issue – a second operation may be needed

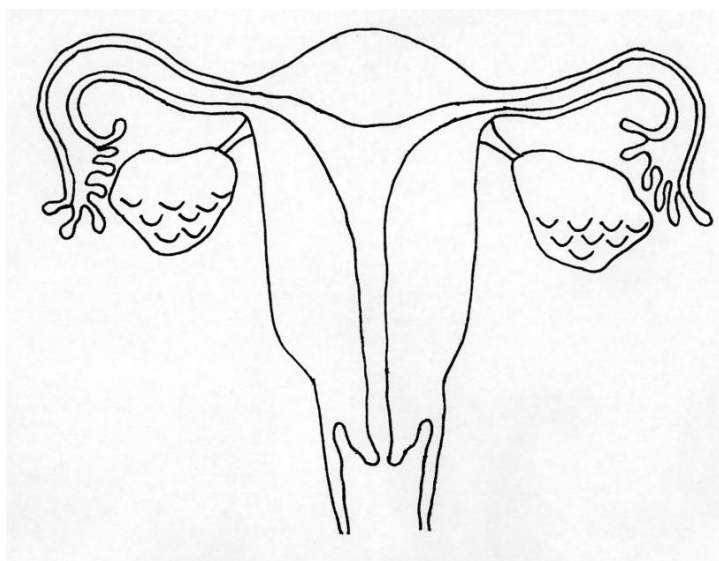
Statement of patient: procedure(s) which should not be carried out without further discussion


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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