

PREOPERATIVE INFORMATION SHEET FOR SUCTION EVACUATION

Clinical diagnosis: unwanted pregnancy / miscarriage / _____

Indication for surgery: anxiety state / maternal medical condition / abnormal fetus / retained products of gestation / _____

Nature of the procedure:

- 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
- priming of cervix if necessary
- local anaesthesia + conscious sedation OR general anaesthesia
- cervical dilatation if necessary
- insertion of the suction tube
- uterine content evacuated under negative pressure
- 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:

- termination of unwanted pregnancy / removal of gestational product from the uterus
- amelioration of symptoms of miscarriage

Other consequences after the procedure: may experience some vaginal bleeding and mild abdominal cramps within 2 weeks after operation

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
 - uterine perforation, up to 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
- patient requesting abortion
 - failure of the procedure resulting in continuation of pregnancy
 - adverse psychological sequelae
 - congenital abnormality if the procedure was stopped and the pregnancy continues
- Frequent
 - bleeding that lasts for up to 2 weeks is very common but blood transfusion is uncommon (1-2 in 1000)
 - need for repeated suction evacuation, up to 5 in 100 (common)
 - pelvic infection, 3 in 100 (common)

Risks of not having the procedure:

- miscarriage – vaginal bleeding, abdominal pain or infection
- patient requesting abortion
 - continuation of the pregnancy which involves risk of injury to the physical or mental health of the pregnant woman
 - delivery of a child who will suffer from physical or mental abnormality leading to severe handicap

if the fetus is abnormal

Possible alternatives

- requesting abortion - continuation of pregnancy and seek support from the Birthright Society or the Mothers' Choice
- miscarriage – expectant management, medical treatment
- others _____

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

- blood transfusion
- laparoscopy or laparotomy to diagnose and/or repair organ injury or uterine perforation

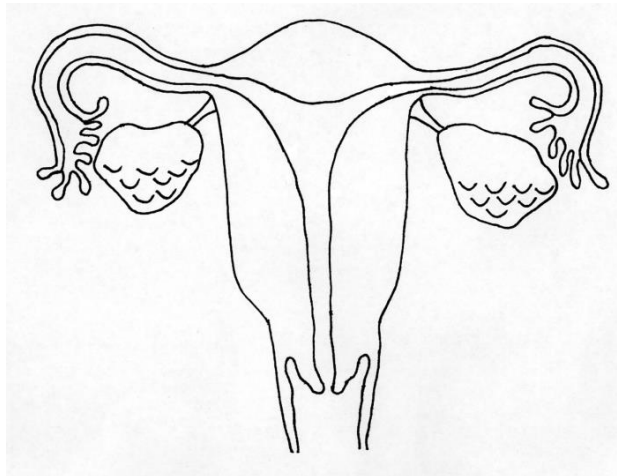
Special follow-up issue: future contraception


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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