INFORMED CONSENT FOR HYSTEROSCOPY

As part of the evaluation of abnormal bleeding, your doctor has recommended a hysteroscopy procedure. Hysteroscopy has been utilized as an adjunct procedure by gynecologists for many years. With hysteroscopic visualization of the uterine cavity doctors have been able to see polyps, fibroids, tissue overgrowth as well as other benign and malignant lesions.

As with many other areas of medicine, technology has advanced so that a procedure once only offered in the hospital can be done safely in an office setting. There need be no special preparation for this procedure. Some patients may benefit from taking two Tylenol or Advil 1-2 hours prior to the procedure. The examination is done no differently than any other gynecologic procedure. An assistant will be present in the room as well as a technician. As an added benefit, in most cases, the patient will be able to view the video pictures on a television monitor.

For patients who need surgery in a hospital setting outpatient hysteroscopy can be done with intravenous sedation. Please do not eat or drink after midnight the night before surgery.

A hysteroscopic procedure while minimally invasive can have complications. As with any procedure infection and bleeding can develop during or after the test. Please tell the doctor or assistant if you have had any problems with similar tests in the past (i.e. fainting, heart murmurs or mitral valve prolapse, and history of pelvic infections.) Rarely, this procedure can lead to a perforation of the muscle layer of your uterus. In the majority of these cases there is no further problems. Some patients, however, need to be admitted to the hospital for overnight observation. In rare circumstances, a hysterectomy may be necessary to control bleeding.

We hope this information has been helpful in explaining the hysteroscopic procedure. Please ask any questions about this to the doctor. I have read and understand the above information and have had all my questions answered to my satisfaction.

PATIENT_____ DATE_____

WITNESS_____