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INFORMED CONSENT AND REQUEST FOR DILITATION AND CURETTAGE, HYSTEROSCOPY OR CERVICAL BIOPSY

I, _____ request Dr PJ Geyser and his associates / assistants to perform upon me (circle):

1. Dilatation & Curettage – stretch open the canal of my uterus and scrape the lining of my uterus to obtain tissue for study.
2. Hysteroscopy – look inside my uterus with a telescope-like instrument and possibly remove any abnormal tissue, such as fibroid tumors, polyps or scar tissue.
3. Cervical biopsy – remove tissue from tip of my uterus for tissue study.

Diagnosis and Procedure: The following has been explained to me in general terms and I understand that:
My condition has been diagnosed as:_____
The nature of this procedure is: Diagnosis and surgical treatment according to diagnosis.

General Risks of surgery: As a result of the performance of this procedure there may be general risks of : *INFECTION, ALLERGIC REACTION, DISFIGURING SCAR, SEVERE LOSS OF BLOOD, LOSS OF FUNCTION OF ANY LIMB OR ORGAN, PARALYSIS, PARAPLEGIA OR QUADRIPLEGIA, BRAIN DAMAGE, CARDIAC ARREST OR DEATH.* In addition to these general risks, there may be other possible risks involved in this procedure. These risks and/or complications may include but are not limited to such complications as:

1. Perforation of my uterus (womb) – that is, one of the instruments might go through the wall of the uterus and make it necessary to do an immediate or future operation that could include the removal of my uterus and/or tubes and ovaries.
2. Biopsy of my Cervix – Which may make it difficult for me to get pregnant or carry a pregnancy to term (9 months)
3. Injury to my cervix, uterus, tubes an bowel – which could lead to necessary immediate and/or future surgical procedures.

Alternative forms of treatment include:

1. Office biopsy of the lining of my uterus (endometrial biopsy) or cervix (cervical biopsy)
2. Hormone therapy
3. Do nothing and accept the consequences of my present condition.

These alternatives have been explained to me, and I haven elected this surgical procedure as my method of treatment.

Informed Consent: I understand and accept that during the procedure unexpected and unforeseen circumstances may make it necessary to do an extension of the original procedure or another procedure that is not named above. I request Dr PJ Geyser and his associates / assistants to perform those additional procedures that they judge to be necessary.

BY SIGNING THIS FORM, I AKNOWLEDGE THAT I HAVE READ OR HAD THIS FORM READ AND EXPLAINED TO ME AND THAT I FULLY UNDERSTAND ITS CONTENTS.

I have been given ample opportunity to ask questions, and any questions I have asked have been answered or explained in a satisfactory manner. All blanks or statements requiring completion were filled in and all statements with which I disagree were marked out before I signed this form.

I accept that medicine is not an exact science and understand that no guarantees can be given as to the results.
Understanding these limitations, I request Dr PJ Geyser and his associated / assistants to proceed with surgery.

Patient: _____ Date: _____

Patient unable to sign because of: _____ Relationship to patient: _____

Person giving consent: _____ Witness: _____