

Obstetrics-Gynecology Associates, P.A.

1793 Cliff Gookin Blvd.

Tupelo, MS 38801

Phone Number: 662-842-1161 Fax Number: 662-844-4107

Consent for Endometrial Ablation

Name of Proposed Surgery:

Endometrial Ablation

Diagnosis:

_____ Menorrhagia - heavy menstrual periods

Nature and Purpose of Proposed Treatment:

Endometrial Ablation Therapy is an outpatient surgical procedure used to reduce excessive menstrual bleeding. Unlike a hysterectomy, which takes out the entire uterus, this procedure just destroys the lining of the uterus. The bleeding during a period will be reduced to a moderate or light flow. Some women will only spot and a few may experience no bleeding at all. Fifteen percent of patients will not respond to Endometrial Ablation Therapy and may require additional treatment.

Procedure:

This procedure is done in the hospital usually under general anesthesia. When the patient is asleep, the legs are placed in the stirrups. One of two instruments is used to do the procedure; either a balloon or an electrode. A soft, flexible balloon attached to a thin tube is inserted into the vagina, through the cervix, and placed in the uterus. The balloon is inflated with a sterile fluid that expands to fit the size and shape of the uterus. The fluid in the balloon is heated to 188° F and maintained for eight minutes, while the uterine lining is treated. When the treatment is completed, all the fluid is withdrawn from the balloon and the catheter is removed. If the electrode is used, it is placed like the balloon, but electricity is run through it.

Risks and Consequences of Proposed Treatment:

Risks of all Surgery:

- a. Injury to blood vessels with excessive bleeding, which might require transfusion or re-operation
- b. Infection, which might require IV antibiotics
- c. The risk of anesthesia, which might include nausea, vomiting or, in rare circumstances, even death
- d. Blood clots may form and go to the lungs, resulting in death or requiring a blood thinner

Risks specific to Endometrial Ablation Therapy:

- a. Perforation of the uterus or making a hole in the uterus. Repairing this could require further surgery
- b. Leaking of heated fluid from the balloon or tissue into the cervix or vagina
- c. Heat burn of internal organs
- d. Electrical burn
- e. Cramping/pelvic pain after the treatment.

Consequences of Endometrial Ablation Therapy:

- a. You will not be able to carry a child.
- b. You may have a vaginal discharge.
- c. You may still have heavy periods and the procedure may not work.

Initial _____

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Although this list of risks and consequences is fairly extensive, it is not all-inclusive. It is not possible to predict all outcomes in the field of medicine.

Risks and consequences unique to the patient: _____

Prognosis if Endometrial Ablation Therapy is not performed:

You could bleed enough to become anemic. Rarely is heavy menstrual flow life-threatening.

Alternative Treatments:

- a. Drug therapy, such as low dose birth control pills or other hormones
- b. D&C (dilation and curettage)-outpatient surgical procedure to scrape away the top layer of the uterine lining
- c. Hysterectomy - removal of the uterus

Your physician may explain these procedures, in detail, to you.

I understand the above information. I have been given the opportunity to ask questions and had them answered to my satisfaction.

_____ I have read a booklet entitled *Endometrial Ablation* by ACOG

I have watched a film entitled:

_____ "Novasure - Impedance Controlled Endometrial Ablation System"

_____ "Gynecare - ThermaChoice Uterine Balloon Therapy"

By my signature, I state I have been given adequate information to make an informed decision and, therefore, do consent to have the Endometrial Ablation Therapy.

Patient's Signature

Date

Physician's Signature

Date

Initial_____

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Consent for Endometrial Ablation

By my signature, I state I have been given adequate information to make an informed decision and REFUSE to have the Endometrial Ablation Therapy.

Reason

Patient's Signature

Date

Physician's Signature

Date

Endometrial Ablation
Approved 3/13/06
Reviewed & Revised 11/09/06