

1. Identification and Description of the procedure

The diagnostic hysteroscopy consists on introducing through the vulva and the vagina, into the endocervical canal and inside the uterine cavity, an optic system that allows the visualisation of the structures inspected: endocervical canal and endometrial cavity.

To visualize the inside cavity, a light system is introduced and the uterine cavity is dilated with a gas (co2) or a liquid (saline solution). The examination is normally completed with endometrial biopsies that will be performed during the same exploration after retiring the hysteroscope.

The exploration can sometimes not be completed successfully because of problems going through the cervical canal and visualizing the cavity, or for reactions and complications that could suggest to stop the procedure.

2. Aim of the procedure and benefits to be achieved

The aim is to obtain information about the aspect of the uterine cavity and endometrium as for the lesions that could be observed inside.

3. Reasonable other options to the procedure

The alternative to this technique would be the curettage that requires anesthesia. Yet, the findings of the hysteroscopy can indicate of a future surgical hysteroscopy or a hysterectomy.

4. Predictable consequences of doing it

This technique is very secure as an outpatient treatment, without any type of anesthesia or local anesthesia. Secondary discomfort such as pelvic or abdominal pain are predictable.

5. Predictable consequences of not doing it

There are intra-uterine lesions that could go unnoticed because of the localization or the size through the use of other diagnostic procedures (curettage, ultrasound).

6. Frequent risks

Despite the adequate election and execution of the technique, unpleasant effects can appear:

- Vagal reactions (dizziness, sweating, discomfort), shoulder pain, precordial and abdominal pain due to the passage of the gas through the peritoneum.

7. Less frequent risks

Other effects less frequent but more serious such as:

- Air embolism, tuboperitoneal infections, uterine perforation, the development of false tracts. Some of them could demand immediate hospitalization and put the patient in danger and demand medical treatment and/or additional surgical procedures.

8. Risks according to the clinical situation of the patient.

Other risks or complications that could appear, due to the clinical situation and the personal circumstances are:

CONSENT FORM

Mister/Miss....., years old, with ID number....., and address.....

Mister.....with ID number.....and address..... is as (legal representant, relative or close family of the patient).....with ID number.....

Declares

That the doctor..... has explained me that it is convenient/necessary in my situation to perform the

And that I have understood correctly the information received

In the Date

Signature:
Mister/Miss.....
ID Number -.....

Signature:

Mister/Miss.....
Medical licence no.....

REVOCAATION OF CONSENT

I revoke the consent declared on date.....of.....of..... and don't wish to continue with the treatment that I conclude from now on.

Signature:
Doctor:
Medical licence no.:

Signature:
Patient:
ID: