

1. Identification and Description of the procedure

The operative hysteroscopy consists on introducing, through the vulva and the vagina into the endocervical canal and inside the uterine cavity, an optic system fitted with a lens, a work team with an electrode and a system of liquid distension (glycine or sorbitol, Mannitol). In this way, the intracavitary lesions would be treated under direct vision.

The procedure requires general anaesthesia or local sedation evaluated previously by the Anaesthesia Team.

The removed piece will be sent to pathological anatomy afterwards, and the patient will receive the results.

2. Aim of the procedure and benefits to be achieved

Through the visualization of the uterine cavity with little calibre lenses, it allows the treatment of intra-uterine pathologies through:

- ✓ Endometrial polypectomy.
- ✓ Submucous myomectomy.
- ✓ Resection of the uterine septum.
- ✓ Adhesion release.
- ✓ Ablation or endometrial reduction.

3. Reasonable other options to the procedure

The alternative will depend on the type of pathology to be treated and goes from the curettage for the treatment of the polyps and adhesion release to hysterectomies for the treatment of the submucous myomas and hemorrhagic metropathy and hysterotomy for the resection of the septum and submucous myomas.

4. Predictable consequences of doing it

The operative hysteroscopy is a minimally invasive technique that allows the correction of the problems of infertility in case of uterine septum or synechias to correct a greater part of the uterine bleeding conditioned because of the polyps, submucous myomas or from an idiopathic origin.

5. Predictable consequences of not doing it

The present symptoms would be intensified or would persist.

6. Frequent risks

The most frequent pains associated to this procedure are:

- ✓ Minor abdominal pain, similar to menstrual pain.
- ✓ Shoulder pain due to irritation of the phrenic nerve.
- ✓ Slight vaginal loss.

7. Less frequent risks

The most frequent complications associated to this procedure are:

Intraoperative

- Uterine perforation: in exceptional cases, the hysteroscope could hurt intra-abdominal viscera (bowels, bladder, vessels).
- Circulatory overstress, and in exceptional cases, an acute lung oedema.
- Electric accidents.

- Anaesthetic accidents.
- Need of laparoscopic surgery or laparotomic surgery.

Post-surgical

- Vaginal bleeding.
- Gynecologic infection.
- Cervical stenosis.
- Adenomyosis.
- Hematometra.

The characteristics of this technique can force to interrupt the procedure before ending it or to perform an emergency laparoscopy that would force to a non-scheduled surgery.

An absolute successful guarantee is not possible and we cannot rule out a relapse or a complication that would oblige to a future procedure.

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

It is necessary, on the part of the patient, to advert of the possible drug allergies, alterations of the coagulation, cardiopulmonary diseases, of the kidney, prosthesis existence, pacemaker, current drug or any other circumstances.

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.....

REVOCATION 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: