



**HYSTEROSCOPY
ENDOMETRIAL CURETTAGE
ENDOMETRIAL ABLATION BY IMPEDANCE CONTROLLED ELECTROCAUTERY
(NOVASURE)**

Authorization for surgical treatment addendum

Complications and consequences have been discussed. I understand that the risks include, but are not limited to, the following:

- Pain (immediately afterwards, delayed, long term)
- Excessive bleeding, possibly requiring hysterectomy or blood transfusion (and its risks of infection or transfusion reaction)
- Surgical infection, infection of uterus (endometritis)
- Build-up of blood or fluid in the uterus and fallopian tubes possibly requiring a procedure to drain or remove
- Blunt trauma, thermal or electrical injury to abdominal/pelvic organs such as the uterus, bladder, ureters, bowel, blood vessels, nerves. This may require further surgery (such as laparoscopy, hysterectomy, or exploratory laparotomy to repair the uterus or the bowel), either right away or at a later date
- Failure to cure bleeding, need for further surgery such as hysterectomy
- Failure to make a diagnosis
- New findings (change in diagnosis) requiring additional therapy
- Risk of anesthesia
- Electrolyte abnormality (salt imbalance)/pulmonary edema from fluid overload (too much fluid in the lungs) requiring further therapy/hospitalization
- Complications for you or your baby should a pregnancy occur in the future
- Difficulty in determining uterine pathology such as cancer in the future
- Inability to complete procedure as planned

I acknowledge that I have read and fully understand the above complications and risks, and that all of my questions have been answered to my satisfaction.

Signature

Date

Witness

Date

Physician

Date

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