

Outpatient Hysteroscopy Consent form

(Please read and sign if you are happy to go ahead with the procedure)

Benefit of the Hysteroscopy (Why am I having this procedure)?

This camera test to the inside of your womb is offered to check for any abnormality like polyps or cancer.

Risks (what are the risks of Hysteroscopy)

The procedure is overall very safe but small risks can happen.

Pain: This pain is usually mild-to-moderate in severity and period-like cramping in nature, but around 30% of women report severe pain. You are recommended to take pain relief 60 minutes before your appointment.

Feeling faint: This feeling can occur during or immediately after the procedure. You may feel cold and clammy, as well as feel sick or actually be sick. These feelings settle after a short period of lying flat on a reclining couch or bed and drinking water.

Bleeding: A small amount of vaginal bleeding, no more than you would experience during a period, is to be expected following the procedure. You might experience some fresh red, old brown blood, or blood-stained discharge for a few days after the procedure.

Infection: There is a small risk of infection and if it happens a short course of antibiotics will be required.

Perforation (uncommon): This is when a hole (perforation) is accidentally made through the wall of the womb during the procedure. The hole usually heals by itself, and antibiotics are prescribed to prevent infection.

What are the alternatives to outpatient Hysteroscopy?

Having the same procedure under sedation, regional, or general anaesthesia: For this operation, you would need to be admitted to a hospital or surgical centre but would usually be discharged on the same day. Or; **Not having the procedure:** This might mean missing a cancer or precancerous changes in the lining of the womb.

Additional procedures might become necessary (will be discussed with you in the clinic):

Removal of polyps; Taking a biopsy; Inserting a hormonal coil

I agree to have outpatient Hysteroscopy. I understand that I will have the opportunity to ask any question about the procedure on the day.

Patient's Name:

Date:

Signature:

I confirm that I have checked the consent with the patient and answered all relevant questions

Clinician's Name:

Date:

Signature:

GMC/ NMC no. :