

**PREOPERATIVE INFORMATION SHEET FOR
SECOND TRIMESTER TERMINATION OF PREGNANCY**

Clinical diagnosis: unwanted pregnancy / _____

Indication: anxiety state / abnormal fetus / maternal medical condition / _____

Nature of the procedure

- insertion of vaginal tablets every 3 hours for a maximum of 5 doses per day
- food or drink will not be allowed when abdominal pain occurs
- pain killer can be provided
- vaginal bleeding and pain can occur prior to passage of fetus
- the abortion process may take more than 1 day and you will need to stay in hospital until the completion of the procedure (more than 90% chance to complete within 48 hours)
- suction evacuation may be required in case of incomplete abortion (local anaesthesia + conscious sedation/general anaesthesia)
- all tissue removed will be sent to the Department of Pathology or disposed of as appropriate unless otherwise specified
- photographic and/or video images may be recorded for education/research purpose. (Please inform our staff if you have any objection.)

Benefit of the procedure: termination of pregnancy

Other consequences after the procedure:

- may experience some vaginal bleeding and abdominal cramps within 2 weeks
- may experience breast engorgement a few days after the procedure

Risks and complications may include, but are not limited to the following:

- Women who are obese, who have significant pathology, who have undergone previous surgery or who have pre-existing medical conditions must understand that the quoted risks for serious or frequent complications will be increased.
- Anaesthetic complications
- Serious
 - anaphylaxis caused by the drug (very rare)
 - excessive bleeding requiring blood transfusion (less than 1 in 100, uncommon)
 - cervical tear (less than 1 in 100, uncommon), may result in cervical incompetence
 - uterine rupture necessitating laparotomy +/- hysterectomy (less than 1 in 1000, rare)
 - failure of the procedure requiring alternative medications (less than 1 in 100, uncommon)
 - congenital abnormality if the procedure was stopped and the pregnancy continues
 - pelvic infection (3 in 100, common) affecting future fertility
- Frequent
 - side effects of the drug including nausea, vomiting, diarrhea, fever
 - adverse psychological sequelae
 - incomplete abortion requiring suction evacuation (1 in 10, common)
- If suction evacuation is required
 - Serious
 - uterine perforation, less than 5 in 1000 women (uncommon); may result in trauma to surrounding organs necessitating laparoscopy/laparotomy
 - significant trauma to the cervix (rare), may result in cervical incompetence
 - trauma to endometrium causing intrauterine adhesions, third stage complications in future pregnancies
 - pelvic infection(3 in 100)
 - Frequent
 - bleeding that lasts for up to 2 weeks is very common but blood transfusion is uncommon (1-2 in

1000)

need to repeat suction evacuation, less than 5 in 100 (common)

Risk of not having the procedure:

- continuation of the pregnancy which involves risk to the physical or mental health of the pregnant woman
- delivery of a child who will suffer from physical or mental abnormality leading to serious handicap

Possible alternatives

- continuation of pregnancy and seek support from the Birthright Society or the Mothers' Choice
- others _____

Other associated procedures (which may become necessary during the operation):

- surgical evacuation under local anaesthesia+conscious sedation/general anaesthesia

Special follow-up issue: future contraception

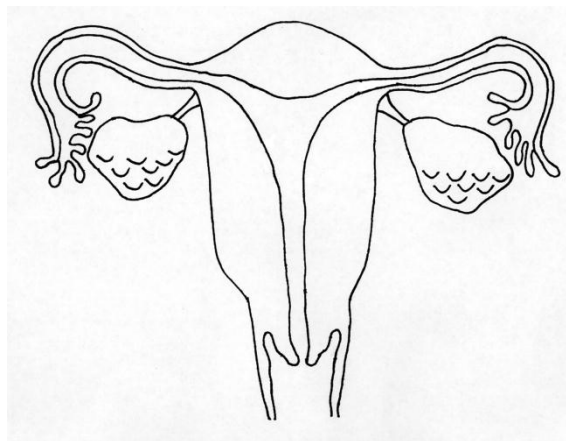
Statement of patient: procedure(s) which should not be carried out without further discussion


I acknowledge that the above information concerning my operation/procedure have been explained to me and discussed with me by the medical staff and I fully understand them. I have been given the opportunities to ask questions pertinent to my condition and management and satisfactory answers have been provided by medical staff.



Signature _____

Date _____



 瑪麗醫院 QUEEN MARY HOSPITAL	Department of Obstetrics and Gynaecology	Document No.	OGGG-0510-02-01-E (I)
		Issue Date	OCT 2014
	Subject Second trimester termination of pregnancy	Next review date	OCT 2017
		Approved by	General Gynaecology Division, QMH
		Page	Page 2 of 2