

**PREOPERATIVE INFORMATION SHEET FOR
HYSTEROSCOPIC ADHESIOLYSIS**

Clinical diagnosis: intrauterine synechiae / Asherman's Syndrome

Indication for surgery: Hypomenorrhoea / amenorrhoea / subfertility / _____

Nature of the procedure:

- misoprostol preparation of cervix
- general anaesthesia/regional anaesthesia
- dilatation of cervix
- passage of resectoscope
- glycine to distend the uterine cavity
- adhesiolysis under direct vision and ultrasound guidance
- an IUD will be inserted or alternatively, auto-cross-lined hyaluronic acid instilled into the cavity of the uterus to prevent adhesion(as self-financed item)
- 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 during the operation for education/ research purpose. Please inform our staff if you have any objection.

Benefits of the procedure:

- improvement of symptom
- restoration of normal uterine cavity
- have a definitive diagnosis

Other consequences after the procedure: may have some vaginal spotting in the first 2 weeks after the operation

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
 - cervical tear
 - perforation of uterus(2 to 5 in every 100, common) with or without damage to adjacent organs and may require repair
 - failure to gain entry into uterine cavity and complete intended procedure (uncommon)
 - excision may be incomplete and further operation may be required
 - fluid overload / electrolyte disturbance
 - pelvic infection
 - 3 to 8 women in every 100 000 undergoing hysteroscopy die as a result of complications (very rare)
 - recurrence(3 to 24 in every 100, common)
 - obstetric complications including premature delivery, IUGR, placenta accreta and increta, uterine rupture
- Frequent
 - bleeding(6 to 27 in every 100, common), may need blood transfusion

Risks of not having the procedure:

- progression and deterioration of disease condition

Possible alternatives

- observation
- hysterectomy

- others _____

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

- dilatation of cervix
- blood transfusion
- laparoscopy or laparotomy in case of uterine perforation and suspected adjacent organ injury

Special follow-up issue:

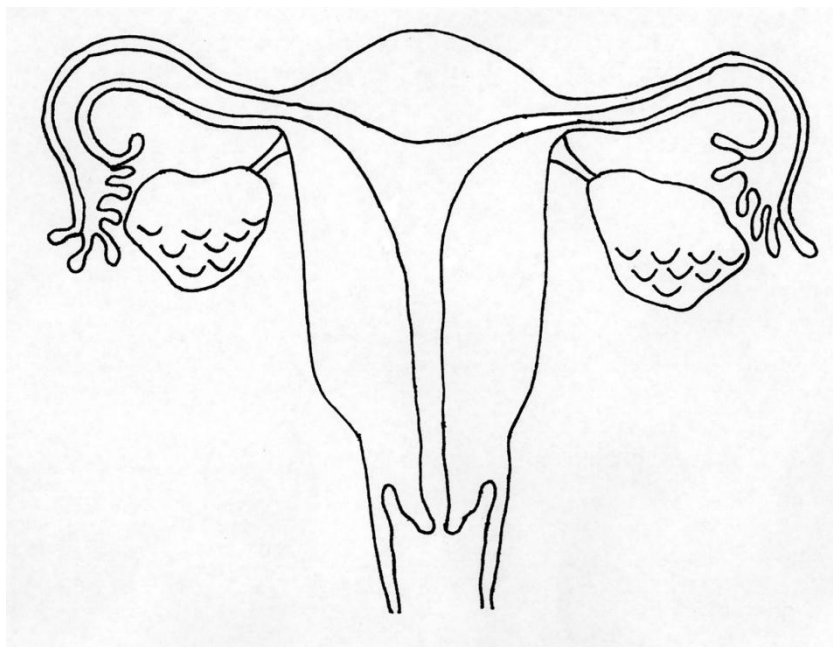
- further operation may be required in case of incomplete procedure
- postoperative hormone therapy may be given


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 _____



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