

Information Protocol for Uterine Curettage and Hysteroscopy

Name:

First name:

Date of birth:

This page should provide you with information, not worry you. It is only part of the information you will receive. The planned intervention will be discussed with you in person. Please ask about anything that is unclear or seems important, and don't hesitate to say if you would prefer not to know too much about the forthcoming procedure.

Reasons for the procedure are abnormal changes in the uterine cavity and/or bleeding disorders.

Uterine curettage is also called D&C. It is possible that you only need curettage without additional intervention. You can discuss this with your treating physician.

Uterine curettage in combination with hysteroscopy: In some cases, it may be useful to combine uterine curettage with hysteroscopy.

Therapeutic hysteroscopy: In some cases, it is necessary to treat pathological changes in the uterus with instruments directly through the hysteroscope (uterine scope).

Before inserting the instrument for curettage, as well as for hysteroscopy, it is necessary to dilate the cervix or the mouth of the uterus with increasing sized instruments.

For hysteroscopy, the surgeon either injects gas or a liquid into the uterine cavity so that they can recognize individual changes in the uterus.

Risks and complications: Occasionally, uterine wall injuries with tissue laceration may occur during uterine curettage or hysteroscopy. This can lead to bleeding into the abdominal cavity or even injuries to other abdominal organs. This may require (repeat) laparoscopy or possibly an operation by abdominal incision. In rare cases, the uterus may even have to be removed.

In prolonged therapeutic uterine endoscopy, the fluid used can escape into the abdominal cavity and, in rare cases, lead to pulmonary hypervolemia. This is then treated with medication. Despite proper patient positioning and correct equipment connection, pressure-related and other damage to nerves and soft tissues can occur as very rare complications. Only rarely do these leave permanent symptoms (e.g. numbness, painful sensations) or scars.

After the operation through hysteroscopy or curettage, slight vaginal spotting and temporary abdominal discomfort may occur.

Cost: The operation is a mandatory service of the health insurance company. If you have additional insurance: Has the cost coverage been verified?

Your questions:

Explanatory consultation

Interpreter:

Proposed operation:

Operation outline: (Operation method, skin incision, what is removed, reconstructed, etc.,
side indication, left, right)

Notes of the doctor for the information interview (waiver of explanation with indication of the reason, individual risk-increasing circumstances: Age, heart disease, obesity, etc.).

Alternative treatment possibilities:

Date:

Time:

Duration of explanatory consultation:

Treatment order

Dr. _____ has had an informative talk with me. I understood the explanations and was able to ask any questions I had. I received a copy of the interview protocol.

I agree with the proposed procedure, as well as with the changes and extensions discussed that may be required during the operation.

Place, date:

Patient:

The text on the front page has been discussed with the patient, any questions answered, and a copy of this information protocol has been given to the patient.

Date, time

Doctor:
