

Voluntary Termination of Pregnancy (VTP) Information Protocol

Name: _____ **First name:** _____ **Date of birth:** _____

The purpose of the following communication is simply to inform you and not to raise any concerns. It only represents a first, introductory, informative communication to you. Later on we will discuss the scheduled medical procedure during a personal interview with you. Please do not hesitate to ask us any questions about points that you may still find unclear or that you feel are important to you. If, on the contrary, you do not want to have further details about this medical procedure, please also let us know.

The termination of the pregnancy may only be performed within the legal framework which is currently in force. This applies to surgical abortion as well as to abortion on medical grounds.

Surgical procedure: In general, the suction method is used. Namely, after careful cervical dilation, we will proceed to the suction of the contents of the uterine cavity. For women who have never been pregnant before, the cervix is softened before the surgery by the application of a specific medicine. Cervical tears during dilation can thus be avoided. Since the procedure is painful, general or local anesthetic (administered via epidural) is necessary. The surgery can also be performed following a local anesthesia of the cervix.

Risks and complications: When a termination of pregnancy is performed lesions to the lining of the uterus with tearing of tissue may occur in rare cases. This may lead to bleeding into the abdominal cavity or damage to the neighboring internal organs. In such cases, a laparoscopy should be performed and sometimes even surgery via an incision in the abdomen. In rare cases heavy hemorrhaging may occur during the pregnancy termination, but, in general, a blood transfusion will not usually be necessary. Despite the high level of care taken during this procedure, in rare cases it may be that tissue debris remains in the uterine cavity, which will require a second procedure which will be identical to the first one. There are also risks of massive hemorrhaging following the procedure, similar to heavy menstrual periods, as well as infection or thrombosis (clots in the blood vessels) which will need to be investigated and carefully treated. In principle, the termination of pregnancy does not affect the development of future pregnancies.

After surgery: A small amount of bleeding and abdominal pain may occur as happens with normal menstruation. After surgery, showers are allowed, but it is advisable to avoid baths, swimming and sexual contact until the bleeding stops, and for at least the first two weeks following the surgery. If you do not take any contraceptive measures, you may become pregnant immediately after the procedure. Therefore, it is advisable to start contraception as soon as possible. If your blood group is Rh-negative, you will then receive an injection of Rh antibodies; this will ensure that your body does not produce Rh-negative antibodies, which might endanger your child during any future pregnancy.

Cost: This medical act is part of the mandatory coverage plan of the health insurance system. However, it requires preliminary authorization from your Health insurance. If you have a supplementary insurance plan (private insurance): please check with them if the issue related to the coverage of the costs is solved.

Your questions:

Information Interview

Interpreter: _____

Recommended procedure

Overview of the procedure: (surgical method, skin incision, what is to be removed, rebuilt, etc., indication of the left/right side)

Doctor's notes about the information interview (e.g. opt-out of receiving further information, individual risk factors: age, heart disease, obesity, etc.)

Alternatives to surgery

Date	Time	Duration of the information interview
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Treatment consent

Today I had an information interview with Doctor _____ . I understood his/her explanations and I was able to ask all the questions of concern to me. A duplicate of the information protocol will be provided to me.

I therefore give my consent to the scheduled medical procedure, as well as to any changes and extensions we have discussed, which may prove to be necessary during surgery.

Place and date	Patient
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The text on the back page was discussed with the patient. Her questions were addressed and a copy of this Information Protocol was provided to her.

Date and time	Physician
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