

Informed consent form for surgical termination of pregnancy

Surname: **First name:** **Date of birth:**.....

The explanations below, which are just one part of the informed consent discussion, are intended to inform and not to unsettle you. The planned procedure will also be discussed with you in person. Please ask about anything that you feel is unclear or important. Please also let us know if you prefer not to know too much about what your upcoming treatment involves.

Terminations must be carried out in full compliance with legal requirements. This applies to both surgical and medical terminations. This means that you can request a termination during the first 12 weeks of your pregnancy if you find yourself in an emergency situation. After the 12th week, you can only have a termination if your doctor deems it necessary to avert impending physical injury or mental distress. The more advanced your pregnancy is, the greater this risk must be.

Surgical methods: The normal method of termination is vacuum aspiration. This involves carefully opening the cervix and removing the contents of the uterus by suction. If you have never been pregnant before, you will be given medication to soften your cervix prior to the operation. This prevents tissue injury caused by stretching. Because the procedure is painful, it requires either general anaesthesia, regional anaesthesia (epidural or spinal anaesthetic) or a local anaesthetic to numb the cervix. A course of prophylactic antibiotics may be indicated. If indicated, a precautionary examination for sexually transmitted infections, particularly chlamydia, will be discussed with you.

Risks and complications: In rare cases, termination may injure the uterine wall, tearing the tissue. This may result in bleeding in the abdominal cavity or even in injury to other abdominal organs. In such a situation, you will require a laparoscopy or possibly an operation involving abdominal incision. Heavy bleeding may occasionally occur during the termination procedure. However, blood transfusions are generally not necessary. Despite due vigilance, parts of the pregnancy may remain in the womb in rare cases, necessitating a second procedure similar to the first. In very rare cases, long-lasting, period-like bleeding or infection or thromboses (clots in blood vessels) requiring careful investigation and treatment may occur after the intervention. Neither surgical nor medical termination will normally affect your fertility or ability to have normal pregnancies in the future.

After the operation, you may experience slight secondary bleeding and slight pain in your lower abdomen, similar to those you would experience during a normal monthly period. You will be able to shower after the operation, but you must avoid full-immersion baths, swimming and sexual intercourse until the bleeding has stopped and for a minimum of two weeks.

Contraception: Unless you use contraception, you can become pregnant again immediately after a termination. You should therefore start using reliable contraception soon after the termination.

Rhesus negative blood type: If you have a rhesus negative blood type, you will receive an injection of antibodies against rhesus positive blood in accordance with the guidelines. This will prevent rhesus disease, a condition where your body forms antibodies that could be a danger to your child in a later pregnancy.

Cost: Health insurers will pay the cost of pregnancy terminations. If you have additional private insurance, make sure that cost coverage has been clarified.

Your questions:

Informed consent discussion

Interpreter: _

Proposed operation:

Operation outline: (surgical method, skin incision, what will be removed, reconstructed, etc., indicated side left, right)

Doctor's notes on informed consent discussion (reason for dispensing with discussion if not performed, individual risk-enhancing factors: age, heart disease, obesity, etc.).

Alternative treatment options:

Date:

Time:

Duration of informed consent discussion:

Treatment order:

Dr. _____ has held an informed consent discussion with me. I have understood the explanations and was able to ask any questions I had. I have been given a copy of the informed consent form.

I consent to the planned procedure and to the changes and extensions that have been discussed with me and which may prove to be necessary during the operation.

Place, date:

Patient:

The text on the front page was discussed with the patient, the patient's questions were answered and a written copy of this discussion was given to the patient.

Date, time:

Doctor