







Information Protocol on a Reinforcement Suture (Cerclage) or Closure of the Cervix

| Name: | First name: | Date of birth: |
|---|--|--|
| receive. The plan | ned intervention will be discussed with y important, and don't hesitate to say if yo | you. It is only part of the information you will ou in person. Please ask about anything that is bu would prefer not to know too much about the |
| It is used in patie | • | ne cervix with a suture to safeguard pregnancy. second trimester of pregnancy, changes in the shortened in previous operations. |
| and in the case of Access is through | strong cervical opening, complete closu | ng placed around it. In a very early pregnancy are by suturing may be necessary in rare cases. Iiscuss with you whether the procedure will be binal cord). |
| inhibit contraction | | cause contractions, you will be given drugs that can rarely become so strong that miscarriage iniotic sac and cause miscarriage. |
| suture, preventive negative, you will antibodies and po Generally, the sut | measures are often necessary to preve be given an injection of Rhesus antibo ssibly impairing the child's development. | nancy. If a premature birth is imminent or if the |
| | tion is a mandatory service of the hea ly evaluate the benefits before hospitaliz | lth insurance company. If you have additional ation. |
| Your questions: | | |
| | | |
| Explanatory con | sultation | |
| Interpreter: | | |
| Interpreter: | | |









| Outline of procedure: (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 procedure. |
|--|
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| Place, date: Patient: |
| The text on the front page was discussed with the patient, the questions answered, and a copy of this explanation protocol was given to the patient. |
| Date, time: Doctor: |