



Queensland Government

# Dilatation & Curettage (D&C)/ Suction Evacuation Consent

Facility: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

*This consent form and patient information sheet uses the words 'I/you/your/me/my' to mean the patient or another person who is providing consent on behalf of the patient.*

## A. Does the patient have capacity to provide consent?

### Complete for ADULT patient only

- Yes → **GO TO** section B  
 No → **COMPLETE** section A

Doctor/clinician must adhere to the Advance Health Directive (AHD), or if there is no AHD, the consent obtained from a substitute decision-maker in the following order: Category 1. Tribunal-appointed guardian; 2. Enduring Power of Attorney; or 3. Statutory Health Attorney.

Name of substitute decision-maker:

Category of substitute decision-maker:

### Complete for CHILD/YOUNG PERSON patient only

- Yes Although the patient is a child/young person, the patient may be capable of giving informed consent and having sufficient maturity, understanding and intelligence to enable them to fully understand the nature, consequences and risks of the proposed procedure and the consequences of non-treatment – 'Gillick competence' (*Gillick v West Norfolk and Wisbech Area Health Authority* [1986] AC 112). See the 'Guide to Informed Decision-making in Health Care' [www.health.qld.gov.au/consent/clinician-resources/guide-to-informed-decision-making-in-healthcare](http://www.health.qld.gov.au/consent/clinician-resources/guide-to-informed-decision-making-in-healthcare) for further information.  
→ **GO TO** section B
- No Parent/legal guardian/other person\* with parental rights and responsibilities to provide consent and complete this form.  
→ **COMPLETE** section A

\*Formal arrangements, such as parenting/custody orders, adoption, or other formally recognised carer/guardianship arrangements. Refer to the Queensland Health 'Guide to Informed Decision-making in Health Care' and local policy and procedures. Complete the source of decision-making authority as applicable below.

Name of parent/legal guardian/other person:

Relationship to child/young person:

## B. Is an interpreter required?

- Yes  No  
If yes, the interpreter has translated:  
 in person  over the telephone

*A verbal translation is a summary of the form.*

Name of interpreter:

National Accreditation Authority for Translators and Interpreters (NAATI) code:

Language:

## C. Procedure details

I confirm that the referring doctor/clinician has informed me about the following procedure(s) and I consent to:

Dilatation & Curettage (D&C)/suction evacuation:  Yes

Additional element of procedure:

## D. Risks specific to the patient in having a Dilatation & Curettage (D&C)/suction evacuation

*(Doctor/clinician to document additional risks not included in the patient information sheet)*

## E. Risks specific to the patient in *not* having a Dilatation & Curettage (D&C)/suction evacuation

*(Doctor/clinician to document specific risks in not having a Dilatation & Curettage [D&C]/suction evacuation)*

DO NOT WRITE IN THIS BINDING MARGIN

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SW9203

D&C/SUCTION EVACUATION CONSENT



# Dilatation & Curettage (D&C)/ Suction Evacuation Consent

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Address:

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## F. Alternative procedure options

(Doctor/clinician to document alternative procedure not included in the patient information sheet)

## G. Acknowledgment and consent

I acknowledge that the doctor/clinician has explained and I understand:

- the 'Dilatation & Curettage (D&C)/Suction Evacuation' patient information sheet
- the medical condition and proposed procedure, including the possibility of additional treatment
- this procedure requires sedation or general anaesthetic
- the specific risks and benefits of the procedure
- the prognosis and risks of not having the procedure
- alternative procedure options
- that there is no guarantee the procedure will improve the medical condition
- that if the procedure may lead to the need of a of blood or blood products transfusion, an additional consent form will be required
- that tissues/blood may be removed and used for diagnosis/management of the condition
- that if an immediate life-threatening event happens during the procedure:
  - for an adult patient, health care will be provided based on their AHD (Advance Health Directive) or ARP (Acute Resuscitation Plan). If no AHD or ARP is in place, health care will be provided in accordance with good clinical practice and the *Guardianship and Administration Act 2000 (Qld)*
  - for a child/young person, health care will be provided in accordance with good clinical practice and in the best interests of the patient
- that a doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate procedure; this may include a doctor/clinician undergoing further training under supervision
- that if the doctor/clinician wishes to record video, audio or images during the procedure where the recording is not required as part of the treatment (e.g. for training or research purposes), I will be asked to sign a separate consent form. If I choose not to consent, it will not adversely affect my access, outcome or rights to medical treatment in any way.
- I was able to ask questions and raise concerns with the doctor/clinician.
- I understand I have the right to change my mind regarding consent at any time, including after signing this form.

## I have received the following consent and patient information sheet(s):

- 'Dilatation & Curettage (D&C)/Suction Evacuation'
- 'About Your Anaesthetic' (*Adult patient only*)
- 'About Your Child's Anaesthetic' (*Child/young person patient only*)
- 'Blood and/or Manufactured Blood Products Transfusion (Full/Limited Consent)' (*Adult patient only*)
- 'Transfusion Consent: Fresh and/or Manufactured Blood Products (Full/Limited Consent)' (*Child/young person patient only*)
- Other (*specify*):

On the basis of the above statements,

## I consent to having a Dilatation & Curettage (D&C)/ suction evacuation.

Name of patient/substitute decision-maker/parent/legal guardian/other person:

Signature:

Date:

If the patient is a child/young person:

- I am not aware of any legal or other reason that prevents me from providing unrestricted consent for this child/young person for this procedure (*not applicable if the child/young person is Gillick competent and signs this form*).

## H. Doctor/clinician confirms

I have explained to you the contents of this form and am of the opinion that the information has been understood.

Name of doctor/clinician:

Designation:

Signature:

Date:

## I. Clinical student involvement

For the purpose of undertaking training, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to my consent, assist with/conduct an examination or procedure on me/the patient while under sedation or anaesthetic.

I consent to a clinical student(s) undergoing training to:

- observe examination(s)/procedure(s):  Yes  No
- assist with examination(s)/procedure(s):  Yes  No
- conduct examination(s)/procedure(s):  Yes  No

Note: you will also have the opportunity to say yes or no to student involvement, on the day of your procedure.

For further information please see [www.health.qld.gov.au/consent/students](http://www.health.qld.gov.au/consent/students)

# Dilatation & Curettage (D&C)/Suction Evacuation

Adult and Child/Young Person

Informed consent: patient information

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

**This patient information sheet has been given to you to read carefully and allow time to ask your doctor/clinician any questions about this procedure. Your doctor/clinician will include the consent form and a copy of this patient information sheet in your medical record.**

*This patient information sheet uses the words 'I/you/your/me/my' to mean the patient or another person who is providing consent on behalf of the patient.*



## 1. What is a Dilatation & Curettage (D&C)/suction evacuation and how will it help me?

This procedure is performed to remove pregnancy tissue if you had an incomplete or missed miscarriage or postpartum haemorrhage (heavy bleeding after giving birth). Sometimes a medication called misoprostol is used to help open the cervix. After widening the cervix, a curette (small surgical instrument) and/or a suction curette (small surgical instrument attached to suction) is passed into the womb (uterus) via the vagina. The lining of the uterus and tissues inside the uterus are then removed and may be sent to pathology for tests. The procedure is performed in an operating theatre under a general anaesthesia.

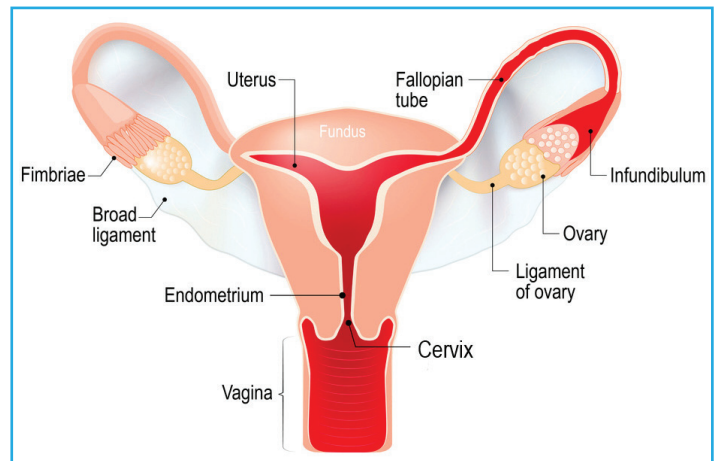


Image: Female reproductive organs.\_ID: 619588790 (adapted).  
[www.shutterstock.com](http://www.shutterstock.com)

## Preparing for the procedure

Patients having this procedure are usually in hospital for a day procedure, but may require an overnight stay. Your doctor/clinician will be able to confirm that this estimate is likely to be true for your procedure.

The Surgical department will give you instructions on how to prepare for the procedure. It is important to follow the instructions that are given to you. Your procedure might be delayed if you don't follow all the preparation steps.

Surgical staff will notify you beforehand if you are required to stop taking any blood thinning medication.

Do not drink alcohol, smoke, vape or take recreational drugs for at least 24 hours before the procedure as these may alter the effects of the sedation anaesthetic.

Please tell the doctor/clinician if you:

- are breastfeeding or pregnant, or suspect that you may be pregnant
- have a drug or medication dependence.

DO NOT WRITE IN THIS BINDING MARGIN

# Dilatation & Curettage (D&C)/Suction Evacuation

Adult and Child/Young Person

Informed consent: patient information

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

## On the day of your procedure

- Nothing to eat or drink ('nil by mouth'): you will be told when to have your last meal and drink. Do NOT eat (including lollies), drink or chew gum after this time otherwise your procedure may be delayed or cancelled. This is to make sure your stomach is empty so that if you vomit, there will be nothing to go into your lungs.
- If you take medicines, most should be continued before a procedure and taken at the usual time, even on the day of the procedure, with a sip of water. There are some important exceptions:
  - your doctor/clinician will provide specific instructions about your medicines
  - take to the hospital all your prescribed medicines, those medicines you buy over the counter, herbal remedies and supplements. This may include and is not limited to blood thinning medicines, the contraceptive pill, antidepressants and/or medicines for treating diabetes (e.g. insulin).
- If you feel unwell, telephone the Surgical department for advice.
- Tell your doctor/clinician if you have:
  - health problems (e.g. diabetes, high blood pressure, infectious diseases, serious illnesses), including if undergoing regular treatment
  - had previous problems and/or known family problems with anaesthesia
  - false teeth, caps, loose teeth or other dental problems
  - allergies/intolerances of any type and their side effects.
- You will be required to change into a hospital gown and remove some of your jewellery. Your belongings will be kept in a safe location during the procedure.

If you are booked for an anaesthetic, please read the information sheet *About Your Anaesthetic (for adults)* or *About Your Child's Anaesthetic (for child/young person)*. If you do not have one of these information sheets, please ask for one.

### **For a substitute decision-maker/parent/legal guardian/other person of a child/young person/adult without capacity to consent having a D&C/suction evacuation**

To prepare the patient for this procedure and to ease their concerns, tell them what they can expect to happen during the procedure. This information sheet will assist you with this.

We welcome your help and support in preparing the patient for the procedure and in explaining why it's so important to lie still.

At the discretion of the procedure staff:

- a parent/adult (unless pregnant) may be invited into the procedure room to support the patient
- if the patient is having a general anaesthetic, you may be able to see them off to sleep. Once they are asleep, you will be asked to leave the procedure room and wait in the waiting area.

Other children are not allowed into the procedure room, and they must be supervised at all times by another parent/adult.

## During the procedure

An intravenous (I.V.) cannula is a small plastic tube that will be inserted into a vein, usually in your hand or arm. This is for any medication or fluids required during the procedure, including anaesthetic medications.



# Dilatation & Curettage (D&C)/Suction Evacuation

Adult and Child/Young Person  
Informed consent: patient information

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## 2. What are the risks?

In recommending the procedure, the doctor/clinician believes that the benefits to you from having the procedure exceed the risks involved. There are risks and possible complications associated with the procedure which can occur with all patients – these are set out below.

Your doctor/clinician will discuss any additional risks, specific to your individual condition and circumstances, with you. These should be written on the consent form before you sign it.

### Common risks and complications

- incomplete removal of tissue within the uterus is possible, which might require surgery to remove it
- infection in the operation site or of the uterus or fallopian tubes requiring antibiotics and further treatment
- bleeding may occur and may require a return to the operating room. Bleeding may also lead to the need for a blood transfusion
- bleeding or bruising is more common if you have been taking blood-thinning medicines, such as warfarin, aspirin, clopidogrel (Plavix, Iscover), prasugrel, dipyridamole (Persantin), ticagrelor (Brilinta), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/alternative medicines, such as fish oil and turmeric

### Uncommon risks and complications

- partial or complete removal of the lining of the uterus (womb) may lead to scarring inside the uterus (Asherman's syndrome). This may cause difficulty with future fertility. The risk of Asherman's syndrome increases when the procedure is required after childbirth

- damage or tearing of the cervix. This may need repair
- perforation (puncture) of the uterus may occur; it may require further treatment
- increased risk of wound infection, chest infection, heart and lung complications, and blood clot in the leg or lungs for people who are obese and/or smokers.

### Rare risks and complications

- failure of the procedure
- damage to other organs, such as the bowel or bladder, and/or blood vessels, which may require further corrective surgery
- blood clot in the leg causing pain and swelling. In rare cases, part of the clot may break off and go to the lungs
- small areas of the lung may collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy
- heart attack or stroke may occur due to the strain on the heart
- death as a result of this procedure is very rare.

### If a general anaesthetic or sedation is given, extra risks include:

- faintness or dizziness, especially when you start to move
- fall in blood pressure
- nausea and vomiting
- weakness
- heart and lung problems, such as a heart attack or pneumonia
- stroke resulting in brain damage.

### What are the risks of not having a D&C/suction evacuation?

There may be adverse consequences for your health if you choose not to have the proposed procedure. You and your doctor/clinician should discuss these.

# Dilatation & Curettage (D&C)/Suction Evacuation

Adult and Child/Young Person

Informed consent: patient information

(Affix identification label here)

URN:

Family name:

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Sex:  M  F  I

If you choose not to have the procedure, you will not be required to sign a consent form.

If you have signed a consent form, you have the right to change your mind at any time prior to the procedure.



## 3. Are there alternatives?

Making the decision to have a procedure requires you to understand the options available. Your doctor/clinician will discuss any alternative procedure options and their risks or benefits with you, before signing the consent form.



## 4. What should I expect after the procedure?

Your healthcare team will talk to you about what to expect after your procedure and upon discharge from hospital.

Go to your nearest Emergency department or GP (your local doctor) if you become unwell or have:

- pain unrelieved by simple pain relievers or those prescribed for you
- a fever
- other warning signs the doctor/clinician may have asked you to be aware of.

If you had sedation or an anaesthetic, this will affect your judgement for about 24 hours. For your own safety:

- Do NOT drive any type of car, bike or other vehicle.
- Do NOT operate machinery including cooking equipment.
- Do NOT make important decisions or sign a legal document.
- Do NOT drink alcohol, smoke, vape or take recreational drugs. They may react with the anaesthetic medications.



## 5. Who will be performing the procedure?

A doctor/clinician other than the consultant/specialist may assist with/conduct your procedure. This could include a registered doctor/clinician who is undergoing further training. All trainees are supervised according to relevant professional guidelines.

If you have any concerns about which doctor/clinician will be performing your procedure, please discuss this with the doctor/clinician.

### Clinical students

For the purpose of undertaking professional training in this teaching hospital, subject to your consent, a clinical student(s) may observe medical examination(s) or procedure(s). A clinical student may also, subject to your consent, assist with/conduct a clinically necessary examination or procedure on you while you are under the influence of anaesthetic.

You are under no obligation to agree to an examination(s) or a procedure(s) being observed or undertaken by a clinical student(s) for training purposes. If you choose not to consent, it will not adversely affect your access, outcome or rights to medical treatment in any way.

For more information on student care, please visit [www.health.qld.gov.au/consent/students](http://www.health.qld.gov.au/consent/students)



## 6. Where can I find support or more information?

Hospital care: before, during and after is available on the Queensland Health website [www.qld.gov.au/health/services/hospital-care/before-after](http://www.qld.gov.au/health/services/hospital-care/before-after) where you can read about your healthcare rights.

# Dilatation & Curettage (D&C)/Suction Evacuation

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Queensland Health respects the privacy of patients and their families. To learn more about health records and personal information visit our website [www.health.qld.gov.au/system-governance/records-privacy/health-personal](http://www.health.qld.gov.au/system-governance/records-privacy/health-personal)

You can also see a list of blood-thinning medications at [www.health.qld.gov.au/consent/bloodthinner](http://www.health.qld.gov.au/consent/bloodthinner)

Further information about informed consent can be found on the Informed Consent website [www.health.qld.gov.au/consent](http://www.health.qld.gov.au/consent). Additional statewide consent forms and patient information sheets are also available here.

Staff are available to support patients' cultural and spiritual needs. If you would like cultural or spiritual support, please discuss this with your doctor/clinician.

Queensland Health recognises that First Nations People's culture must be considered in the patient's clinical care to ensure their holistic health and individual needs are met.

## 7. Questions

Please ask the doctor/clinician if you do not understand any aspect of this patient information sheet or if you have any questions about your proposed procedure.

If you have further questions prior to your appointment, please contact the Gynaecology department via the main switchboard of the facility where your procedure is booked.



## 8. Contact us

**In an emergency, call Triple Zero (000).**

If it is not an emergency, but you have concerns, contact 13 HEALTH (13 43 25 84), 24 hours a day, 7 days a week.